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**CORPORATE OFFICE:**

P.O. Box 1842  
Minot, ND 58702

Phone: (701) 852-1194  
Fax: (701) 852-0072

**Please complete the attached:**

1. Credit Application and agreement (sign and date)
2. Customer Data Sheet and Tax Information
3. Authorization for Direct Payment through ACH Transactions
4. Fuel Customers, please attach a copy of your most recent annual financial statements, which would include a balance sheet and income statement that has been compiled, reviewed, or audited by a CPA.

**Please send the completed credit packet to:**

E-mail:

[jeff.gunville@parklandusa.com](mailto:jeff.gunville@parklandusa.com)  
[coral.olson@parklandusa.com](mailto:coral.olson@parklandusa.com)

Fax:

(701) 852-0079

Mail:

Farstad Oil, Inc.  
Attn: Credit Dept.  
P.O. Box 1842  
Minot, ND 58702



For Farstad Use Only  
 DATE APPROVED \_\_\_\_\_  
 By \_\_\_\_\_  
 Acct # \_\_\_\_\_

**APPLICATION FOR CREDIT**

Issued To  
 Farstad Oil, Inc.  
 PO Box 1842  
 Minot, North Dakota 58702-1842  
 701-852-1194 Phone  
 701-852-0079 Credit Fax  
 800-735-5788 Toll Free

**Divisions**

Fargo, North Dakota  
 Minot, North Dakota  
 Billings, Montana

Company Name \_\_\_\_\_ Date \_\_\_\_\_  
 Street/Box \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Federal ID # \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 Sales Tax Exception ID # \_\_\_\_\_  
 Organization  Corporation  Ltd Partnership  General Partnership  
 LLC  Individual  Other \_\_\_\_\_  
 Business Type  Wholesale/Re-seller  Individual  Industrial  Other \_\_\_\_\_  
 Is Business Property Rented or Owned? \_\_\_\_\_  
 How Long in Business? \_\_\_\_\_

**Owners and Officers**

Name	Home Address	City/State	Title	Tel #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Bank References**

Name	Home Address	City/State	Contact	Tel #	Fax #
_____	_____	_____	_____	_____	_____

**Trade References**

Name	Home Address	City/State	Title	Tel #
_____	_____	_____	_____	_____
(Present Supplier)	_____	_____	_____	_____

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY, AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH THE FOLLOWING TERMS:

Company Name \_\_\_\_\_  
 By \_\_\_\_\_  
 (Signature) (Printed Name) (Title)  
 By \_\_\_\_\_  
 (Signature) (Printed Name) (Title)

THE ABOVE INFORMATION IS FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE. I/WE HEREBY AUTHORIZE THE FIRM TO WHICH THIS APPLICATION IS MADE TO INVESTIGATE THE REFERENCES LISTED PERTAINING TO MY/OUR CREDIT AND FINANCIAL RESPONSIBILITY.

CREDIT AGREEMENT

In consideration of Farstad Oil, Inc. (hereinafter referred to as the "Company"), extending credit to the undersigned Debtor on open account for goods purchased from the Company, \_\_\_\_\_, (hereinafter referred to as the "Debtor"), hereby covenants and agrees with the Company as follows:

1. Debtor shall pay for each load of product net ten (10) days from date of delivery of gas, fuel, and propane. Debtor shall pay for each load of product net thirty (30) from date of delivery for lubricants. Failure to pay said account balance within the prescribed period shall be a default hereunder and said delinquent account shall bear interest from the date of delinquency at the rate of 18 percent annually (1 1/2 percent monthly). All accounts paid with credit card are subject to a 2.5% processing fee, which is not greater than the cost of acceptance we incur in processing the transaction.
2. Company's delay or failure to proceed with collection efforts upon delinquency of Debtor's account shall not be construed as a waiver of the Company's right to do so, nor shall said failure or delay be a waiver of Company's right to demand strict compliance with the terms of this agreement with respect to payment of the delinquent account or amounts due on future extension of credit.
3. Company shall have the right to terminate this credit agreement and any credit account arrangement it has with Debtor for any reason whatsoever and without notice to any person or entity, including Debtor. Termination of this agreement or credit account shall not relieve Debtor of Debtor's obligation to pay any outstanding credit balances in strict accordance with the terms of this agreement.
4. This credit agreement shall be deemed a security agreement between Debtor and Company as to Debtor's inventory, equipment, and accounts receivable, and the proceeds thereof, whether now owned or hereafter acquired. The Company, at its election, may file a financing statement without further notice to Debtor.
5. Upon failure of Debtor to pay his account in accordance with the terms herein specified, the Company may take any legal measures to collect the outstanding balance of said account; and Debtor agrees to pay interest thereon as herein provided plus costs and reasonable fees for collection agencies and attorneys employed in the collection of said items
6. Debtor agrees to provide the Company with annual financial information.
7. This agreement and all transactions performed thereunder shall be governed by the laws of the State of North Dakota. Debtor agrees that any and all lawsuits regarding this agreement and the transactions performed thereunder may be instituted and maintained only in a court of competent jurisdiction in the State of North Dakota, Ward County, and Debtor unconditionally consents to the jurisdiction of such courts.
8. This instrument contains the entire agreement of the parties with respect to credit extended and matters contained herein and cannot be supplemented except by writing signed by both parties hereto.
9. Time is of the essence with respect to this agreement and all transactions entered into pursuant hereto.
10. This agreement shall only take effect once both parties have executed the same.

DEBTOR/ \_\_\_\_\_  
 By \_\_\_\_\_  
 Its: \_\_\_\_\_  
 Dated: \_\_\_\_\_

COMPANY/FARSTAD OIL, INC.  
 By \_\_\_\_\_  
 Its: \_\_\_\_\_  
 Dated: \_\_\_\_\_

I, \_\_\_\_\_ residing at \_\_\_\_\_, for and in consideration of your extending credit at my request to the above Debtor, hereby personally guarantee to the above Company the prompt and full payment of any and all obligations of Debtor irrespective of the amount of said obligation, and I hereby agree to bind myself to pay Company promptly on demand any sum which may become due to Company by Debtor whenever the Debtor shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Debtor. I do hereby waive notice of default, non-payment, and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed. In the event said credit agreement is modified or renewed, this guarantee shall remain in full force and effect, without further act on my part. I further agree to pay all costs and reasonable attorney's fees incurred by Company in collecting amounts hereby guaranteed, whether from Debtor or myself (guarantor).

In signing the personal guarantee, I hereby authorize my credit to be pulled to make a credit decision.

Witness: \_\_\_\_\_

Signature \_\_\_\_\_

Dated \_\_\_\_\_

Address of Witness: \_\_\_\_\_



## Customer Data Sheet and Tax Information

Company Name (Licensing Name) \_\_\_\_\_

Billing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Ship To Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Federal ID # \_\_\_\_\_

AP Contact \_\_\_\_\_

What Products are being purchased?

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Gas           | <input type="checkbox"/> Propane      | <input type="checkbox"/> Heavy (Residual) Fuel |
| <input type="checkbox"/> Dyed Diesel   | <input type="checkbox"/> Jet Fuel     | <input type="checkbox"/> Lubricants            |
| <input type="checkbox"/> Undyed Diesel | <input type="checkbox"/> Aviation Gas | <input type="checkbox"/> Other _____           |

Description of Business, Wholesaler, Retailer, or End User \_\_\_\_\_

How do you prefer to receive your Invoices?  E-mail  Fax \_\_\_\_\_

(E-mail Address or Fax Number)

**Tax Information:**

Is your business sales tax exempt?  Yes  No License Number: \_\_\_\_\_

*In order to accurately report taxable and tax exempt transactions to the appropriate state taxing authorities, please provide your license number(s) and corresponding type(s) below for each of the states you are currently licensed in to merchandise fuels, including Ethanol. If you are actively pursuing a license in a state, but have not yet been approved for the license, please note "Pending" in the License Number column and list the License Type you have applied for.*

Wholesaler/Reseller, please provide each of your State License Number:  
(This is not your tax Exempt Number)

State	License Number	License Type

In addition, please include any other tax information that may be applicable.

For tax questions, please e-mail [tax.usa@parklandusa.com](mailto:tax.usa@parklandusa.com).

Please e-mail your company's sales tax exemption certificates to [tax.usa@parklandusa.com](mailto:tax.usa@parklandusa.com).



AUTHORIZATION FOR DIRECT PAYMENT THROUGH ACH  
(AUTOMATED CLEARING HOUSE) TRANSACTIONS

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I authorize Farstad Oil, Inc. to initiate ACH transactions against our company's account in payment of outstanding invoices due, per the terms that have been established for our company. Payment due dates can be found on all Farstad Oil, Inc. Invoices.

Company Name \_\_\_\_\_

Company EFT Contact \_\_\_\_\_

Company Address \_\_\_\_\_

Company Phone Number \_\_\_\_\_

Draft notices should be sent via e-mail or fax? Please include e-mail address or fax number

\_\_\_\_\_

Checking Account Number \_\_\_\_\_

ABA Routing Number \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

Financial Institution Address \_\_\_\_\_

**Please attach a company voided check or deposit slip from the applicable account.**

This authority will remain in full force until Farstad Oil, Inc. has received written notification from The Company of its termination in such time and manner as to afford Farstad Oil, Inc. a reasonable opportunity to act on it.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_