

H. J. Walker Oil Company, Inc.

P. O. Box 268

South Pittsburg, TN 37380

Office 423-837-7939

Fax 423-837-9792

Email: wehuntj@walkeroilcompany.com

GENERAL INSTRUCTIONS: Please answer all questions. Unsigned and/or incomplete credit applications cannot be processed. Applicable taxes will be charged unless appropriate exemption certificates are provided to H. J. Walker Oil Company, Inc.

| Business Contact Information | |
|----------------------------------|----------------------------------|
| 1) Date: | 2) Contact Name: |
| 3) Bill To: | Deliver To: |
| Address: | Address: |
| City: | City: |
| State: ZIP: | State: ZIP: |
| 4) Telephone No.: | 5) Fax No.: |
| 6) Email Address: | 7) Federal I.D./SSN: |
| 8) Type of Business: | 9) No. of years in business: |

| Bank Information | | |
|-------------------------------|-----------|------------------------------|
| Bank Name: | | |
| Bank Address: | | Phone: |
| City: | State: | ZIP Code: |
| <u>Type of Account</u> | | <u>Account Number</u> |
| Savings: | Checking: | Other: |

| Business/Trade References (3 Required) | | |
|--|--------|----------|
| <u>Company Name:</u> | | |
| Address: | | |
| City: | State: | ZIP Code |
| Phone: | Fax: | Email: |
| Type of Account: | | |
| <u>Company Name:</u> | | |

| | | |
|-----------------------------|--------|-----------|
| Address: | | |
| City: | State: | ZIP Code: |
| Phone: | Fax: | Email: |
| Type of Account | | |
| <u>Company Name:</u> | | |
| Address: | | |
| City: | State: | ZIP Code: |
| Phone: | Fax | Email: |
| Type of Account: | | |

| Estimates of Product to be Purchased Per Month, if Applicable: | | |
|--|---------|---------------|
| Product | Gals/Mo | Tank Capacity |
| Gasoline | _____ | _____ |
| Diesel | _____ | _____ |
| Kerosene | _____ | _____ |

Does your company require a Purchase Order Number? Yes No

Does your company require a monthly statement of your account? Yes No

Whom should we contact regarding any problems that might arise regarding unpaid invoices, etc?

Name _____ Address _____
 Position _____ Telephone No. _____
 Fax No. _____

| Agreement |
|--|
| <ul style="list-style-type: none"> • All invoices are to be paid 10 days from the date of the invoice. • Claims arising from invoices must be made within seven working days. • By submitting this application, you authorize H. J. Walker Oil Co., Inc. to make inquiries into the banking and business/trade references that you have supplied. |

Signatures

| | |
|--------|--------|
| | |
| | |
| Title: | Title: |
| Date: | Date: |