

Farrell Oil

891 ROUTE 9
WILTON, NY 12831
(518) 584-1230
(888) 584-1230
FAX# (518) 584-1788

Company Information

Sales Representative _____

Company Name _____ Phone _____

Mailing Address _____

Fax _____ How Long in Business _____ E-mail address _____

Taxable _____ Non-Taxable _____ If non-taxable include tax exemption certificate when returning application.

Owners and Officers

Name _____ Title _____ Driver's License # _____

Home Address _____ Phone _____ SS# _____

Name _____ Title _____ Address _____ Phone _____ SS# _____

Name _____ Title _____ Address _____ Phone _____ SS# _____

Name _____ Title _____ Address _____ Phone _____ SS# _____

Credit References (please include fax no#'s)

Name _____ Name _____ Name _____ Name _____

Address _____ Address _____ Address _____ Address _____

Address _____ Address _____ Address _____ Address _____

Phone _____ Phone _____ Phone _____ Phone _____

Fax _____ Fax _____ Fax _____ Fax _____

Bank References

Bank _____ Address _____ Phone _____

Fax _____ Circle one: Savings Checking Loan Acct# _____

Credit Terms are 30 days from date of invoice. Outstanding balances are subject to 1.5% per month interest. The undersigned authorizes and releases all banks, persons, and companies listed on this application to furnish information and authorizes the checking of credit. The undersigned agrees to pay all collection costs, court costs, and legal fees incurred to collect delinquent balances.

Name _____ Title _____ Date _____ Name _____ Title _____ Date _____

Personal Guarantee

In consideration for credit extended, the undersigned contracts and guarantees to the faithful payment, when due, of all accounts of the company seeking credit for 5 years from the date of this application. The undersigned expressly waives all notice of acceptance of this guarantee, notice of extension of credit, presentment of demand for payment and any notice of default by the company seeking credit and all other notices the guarantor might be entitled to. Revocation of the guarantee shall be in writing and delivered by certified mail.

Name _____ Date _____ Name _____ Date _____

Our Credit Policy:

Our terms are Net 30 days from the day of the invoice, unless otherwise agreed to by our credit dept in advance of delivery. Statements will be rendered on the last day of each month. Any accounts that are not paid in full within 60 days of invoice date will be placed on delivery hold until payment arrangements have been made. Any accounts that are not paid in full within 90 days of invoice date may be subject to referral to our collection agency.

Farrell Oil

891 Route 9
Wilton, NY 12831

721 Route 28A
W. Hurley, NY 12491

888-584-1230
Fax: 518-584-1788
www.farrelloil.com

Dear Valued Customer:

As of January 2008, Farrell Oil Co., Inc. has a new benefit to offer to its customers. We now have the ability to draft your bank account for your payment on a weekly or monthly basis. We would send a draft notice on a Monday by email or fax and draft your account on the Friday. If you would be interested in this type of payment process please complete the attached form.

Thank you for your business.

The management of Farrell Oil Co., Inc.

By signing below, you authorize Farrell Oil Co., Inc., to electronically debit your bank account on a weekly or monthly basis, whichever you prefer, for the total balance due on your account. You will be notified of the date and amount that will be withdrawn in advance of payment. For Example, notice will go out on Monday and your account will be drafted on Friday. I understand and accept these terms. This agreement does not alter the terms of your existing customer agreement.

If you wish to discontinue your withdrawal you must call Teresa or email her at teresa@Farrelloil.com. You should check with your bank to determine if you will incur any charges.

We will need the following information:

Banking Information

Bank Name _____

Routing # _____

Checking # _____

Signature _____

Drafting Notice Information

Fax Number _____

Email Address _____

Weekly _____ or Monthly _____

Date _____



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CUSTOMER INFORMATION REQUEST

Please take a moment to complete the information below so that we may update our database.
Thank you for you assistance.

Delivery Address Name: _____ Phone _____

Delivery Address: _____

City: _____

State: _____ Zip: _____

County _____ Contact _____

Purchasing Contact: _____
First Last

Purchasing Phone _____ Purchasing Fax: _____

Does your company require the use of Purchase Orders? _____ Yes _____ No

A/P Contact: _____
First Last

A/P Phone Number: _____

A/P Fax Number: _____

Will you accept invoices by fax? _____ Yes _____ No

Will you accept statements by fax? _____ Yes _____ No

A/P E-Mail Address: _____

Will you accept invoices by e-mail? _____ Yes _____ No

Will you accept statements by e-mail? _____ Yes _____ No

Web Site Address: _____