



NEW CUSTOMER APPLICATION

Legal Business Name: _____	Credit \$ Requested: _____
DBA Name: _____	Shipping Address: _____
Billing Address: _____	City, State, Zip: _____
City, State, Zip: _____	Telephone #: _____
Telephone #: _____	Is Delivery Address Inside City Limits? Yes <input type="checkbox"/> No <input type="checkbox"/>
Fax #: _____	What City is Delivery To? _____
Email Address: _____	What County is Delivery To? _____

Corporation
 Partnership
 Individual
 LLC
 Gov't/City

DUNS #: _____		*Requested Terms for NON-FUEL CUSTOMERS:
Owner's Name: _____		Statement – Net 10th of Month <input type="checkbox"/>
Owner's Social Security #: _____		Invoice – Net 30 <input type="checkbox"/>
Federal Tax ID #: _____		COD (*Must provide bank reference below) <input type="checkbox"/>
Purchase Orders Required?:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Credit Card (Convenience Fee Applies) <input type="checkbox"/>
Tax Exempt? (if so, provide certificate):	Taxable <input type="checkbox"/> Exempt <input type="checkbox"/>	FUEL CUSTOMERS ONLY:
Payment Type: EFT / EZ-Pay <input type="checkbox"/> Check <input type="checkbox"/>		Net 10 (Required for fuel purchases) <input type="checkbox"/>
		Cadence Sales Rep Name: _____

Statements and Bulk invoices are sent via Email. Complete the below field(s) and notify us immediately if this information changes

Purchasing Contact:		Phone:		Email:	
Statement Contact:		Phone:		Email:	
Invoices Contact:		Phone:		Email:	

Current Bank and Trade Reference Information

Bank Name:		Bank City:	Bank State:	Bank Zip:
Bank Phone #:	Bank Fax #:	Bank Account #:	Bank Account Type:	Bank Officer's Name:
Business Name:	Contact Name:	Phone #:	Email:	Account #:
Business Name:	Contact Name:	Phone #:	Email:	Account #:

The information set forth in this customer application is for the purpose of obtaining information to evaluate and establish business credit and to establish general terms and conditions of sale between the Applicant and Cadence Petroleum Group, and affiliated companies. I/we hereby authorize Cadence and affiliated companies to investigate all references listed above and/or consumer credit reporting agencies regarding my/our credit and financial responsibility for the purpose of obtaining credit and for the periodic review for the purpose of maintaining the credit relationship. It is understood and agreed by Applicant that if credit is approved and extended, the terms of such credit account will be based on final credit review. Applicant attests to financial responsibility, ability, and willingness to pay in accordance with the terms and conditions. Applicant agrees to pay a finance charge per month which shall be assessed on all invoice amounts that are not paid by the due date at a rate of one and a half percent (1.5%) per month, or the maximum rate allowable by law, whichever is less. The Company reserves the right to change its credit terms at any time. Prices are subject to change without notice, provided that the Company shall not change the prices of any products or services to an accepted order. Price quotations, unless otherwise stated, shall automatically expire 30 calendar days from the date issued and may be terminated at any time upon notice to Customer. Customer understands that purchases may be subject to the following fees or charges which may or may not be actually reflective of costs incurred by the Company: drum/tote charges, fuel surcharges, finance charges, credit card fees, labor charges, returned check fees, and service call fees. Customer must notify Company of any disputed charge or fee within 10 days after date of invoice on which the charge or fee appears. After 10 days, all charges and fees are considered valid and no adjustments will be made. In the event of default, and if this account is turned over to an agency and/or an attorney for collection, the undersigned agrees to pay all reasonable attorney's fees, and/or costs of collection whether or not suit is filed. Applicant certifies that all the information on this form is correct and fully understands the terms and conditions. Being an owner, officer or partner (if other than individual) of the above, I personally guarantee and agree individually to pay any unpaid balance on this account.

Printed Name _____ Title _____

X Authorized Signature _____ Date _____



UNIFORM SALES & USE TAX EXEMPTION / RESALE CERTIFICATE - MULTIJURISDICTION

The below-listed states have indicated that this certificate is acceptable as a resale/exemption certificate for sales and use tax. The issuer and the recipient have the responsibility to determine the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Legal Business Name:	Wholesaler
DBA Name:	Retailer
Billing Address:	Manufacturer
City, State, Zip:	Other:

Description of Business: _____

General Description of Property or Service To Be Purchased: _____

State	State Registration, Seller's Permit or ID	State	State Registration, Seller's Permit or ID
AL		MO	
AR		NE	
AZ		NV	
CA		NJ	
CO		NM	
CT		NC	
FL		ND	
GA		OH	
HI		OK	
ID		PA	
IL		RI	
IA		SC	
KS		SD	
KY		TN	
ME		TX	
MD		UT	
MI		VT	
MN		WA	
		WI	

I further certify that if any property or service so purchased tax free is used or consumed as to make it subject to a Sales or Use Tax, we will pay the tax due directly to the proper taxing authority when state law so provides or inform the Seller. This certificate shall be a part of each order that we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by thee city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Printed Name _____

Title _____

X Authorized Signature _____

Date _____

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

A voided check or banking information confirmation letter must be attached to this form.

Customer Name (As shown on Bank Account): _____

Customer Address: _____ City: _____ State: _____ Zip: _____

Accounting Contact: _____ Ph: _____ Email: _____

Bank Name: _____ (“Bank”) Bank Contact: _____

Bank Address: _____ City: _____ State: _____ Zip: _____

Bank Phone: _____ Bank Fax: _____

Customer’s Bank Account No: _____ Bank Routing Transit No (ABA): _____

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

I _____ (authorized individual’s name) authorize the above-referenced Bank to release information regarding my account to Mid South Sales, LLC (“MID SOUTH SALES”).

EFT TERMS AND CONDITIONS

The Customer listed above hereby authorizes MID SOUTH SALES (and its affiliates) to originate debit and credit entries to the Customer’s account with the Bank listed above and the Bank to accept and to debit and/or credit the amount of such entries to the Customer’s account. All debit and credit entries as well as electronic funds transfers will be initiated by and payable to MID SOUTH SALES through their current banking institution.

Cancellation of this authority shall occur thirty (30) days after MID SOUTH SALES and the Bank shall have received written notification, via certified mail, from the Customer to terminate such authorization granted herein.

Funds will be drafted on the date due. If the date due falls on a Saturday or Sunday, the account will be drafted on the previous Friday. If the date due falls on a banking holiday, the account will be drafted the business day before the holiday.

The Customer understands that drafts or transfer requests will only be honored if sufficient funds are available in Customer’s pre-designated checking account. The Customer agrees that in the event funds are not available, the account may revert to cash-on-delivery status and an insufficient funds charge will be charged to the Customer.

The Customer agrees that if any debit or credit entry initiated by MID SOUTH SALES is incorrect, Customer shall immediately notify MID SOUTH SALES of the same and MID SOUTH SALES will promptly research and rectify any incorrect charges and make any necessary refunds or additional debits or credits to reflect the proper amount due. The Customer agrees that MID SOUTH SALES’s sole liability shall be to correct the charge and refund any amount due and shall have no liability to Customer for any other damages, which may result from any errors with drafting funds.

The Customer understand and agrees that this EFT Agreement will become effective as soon as necessary banking network pre-authorizations are verified and operational.

EFT Authorization – Customer:

Printed Name _____

Title _____

X Authorized Signature _____

Date _____