



Corporate Office • P.O. Box 1067 Ogden, Utah 84402 (800)548-8172 (801)392-9516 Fax (801) 392-9589
 Big Piney • 10278 U.S. Highway 189 Big Piney, Wyoming 83113 (307)276-3274 Fax (307)276-3273
 Rock Springs • 1629 29th Street Rock Springs, Wyoming 82901 (307)382-9000 Fax (307)382-5143
 Salt Lake City • 4804 S Redwood Rd, Taylorsville, Utah 84123-4226 (801)969-3434 Fax (801) 967-7109

OPEN ACCOUNT APPLICATION AND PURCHASE AGREEMENT

BUSINESS INFORMATION

*NAME	PARENT COMPANY OR AFFILIATE AND LOCATION
*BILLING ADDRESS	DATE STARTED: Month/Day/Year
*SHIPPING ADDRESS	TYPE OF OWNERSHIP/ IN WHAT STATE _____
*CITY, STATE, ZIP	<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LIMITED PARTNERSHIP
*TELEPHONE # * FAX #	<input type="checkbox"/> LIMITED LIABILITY <input type="checkbox"/> SOLE PROPRIETORSHIP
*E-MAIL ADDRESS	FEDERAL I.D. # _____ - _____
BUSINESS LICENSE ISSUED BY: CITY, STATE	

OWNER INFORMATION

*NAME	*HOME ADDRESS	*TITLE	*PHONE	*SS#

BANK AND TRADE REFERENCES

BANK	TRADE		
BANK NAME	TRADE NAME	TRADE NAME	TRADE NAME
ADDRESS	ADDRESS	ADDRESS	ADDRESS
CITY STATE ZIP	CITY STATE ZIP	CITY STATE ZIP	CITY STATE ZIP
PHONE/CONTACT	PHONE/CONTACT	PHONE/CONTACT	PHONE/CONTACT
CHECKING ACCT. #			
SAVINGS ACCT. #			

TAX STATUS

SALES & USE	MOTOR FUEL	OTHER FUELS
NOT EXEMPT <input type="checkbox"/>	NOT EXEMPT <input type="checkbox"/>	NOT EXEMPT <input type="checkbox"/>
ID# STATE	ID# STATE	ID# STATE

Please send copies of Tax Licenses & Certificates

Invoice Method: USPS (___) E-MAIL _____ Fax (_____) _____

Payment Method: CHECK(____) EFT (____) fax completed form to 801-392-9589 attn: Accts. Receivable

INTERNAL USE

Do Not Write In Space Below

Account Representative _____ # _____	*Contact Person W/C _____
Area to be Supplied From _____	*Estimate \$ Volume P/M _____
Approval _____	Price Group: _____
Credit Amount _____	Product to be Purchased: Fuels <input type="checkbox"/> Oils <input type="checkbox"/> GasCard <input type="checkbox"/>
Account Representative Notified _____ By _____	TERMS - Oil: _____ Fuel: _____ FC (circle) Yes / No

TERMS AND CONDITIONS

I/We understand, acknowledge, and accept Kellerstrass Enterprises, Inc. terms of sale and guarantee prompt payment for any and all indebtedness. I/We certify that the information given herein is true and correct.

I/We hereby authorize you or your agent/representatives to secure a credit report and agree to the release of credit information. This authorization shall be continuing without expiration and a photocopy or fax copy shall be given the same effect as the original.

In consideration of Kellerstrass Enterprises, Inc. extending credit hereunder, the undersigned personally, jointly, severally, and unconditionally guarantee and promise to pay to the order of Kellerstrass Enterprises, Inc., on demand, any and all indebtedness of the below named applicant to Kellerstrass Enterprises, Inc. This is a continuing guarantee, and the obligations created hereby are unaffected by any change in terms of the original indebtedness between Kellerstrass Enterprises, Inc. and the below named applicant save that of payment. In the event of default, the undersigned specifically agrees to pay all reasonable attorneys fees and court costs in the event legal action is taken to collect on the account. The undersigned further agrees to pay an additional amount representing forty percent (40%) of the principal balance if the account is referred to a collection agency or attorney for collection. This additional amount is in recognition of the costs associated with said collection action processing.

An additional 2% per month interest charge will be charged to all accounts not paid within 30 days after due date, both before and after judgment and continuing each month until paid. All payments are payable in Weber County, Utah.

Company Name: _____ DBA _____

*Authorized Company Signature: _____ Title: _____

*Guarantor (Owner/Major Stock Holder) Print Name: _____

*Guarantor Home Address: _____ *SS#: _____

*Guarantor (Owner/Major Stock Holder) Signature: _____ Date: _____

*Witness _____ Date: _____

***Signatures/Information Required**

Fax completed application to 801-392-9589 attn: Accts. Receivable

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

I (we) hereby authorize **KELLERSTRASS OIL COMPANY**, hereinafter called COMPANY, to initiate debit/credit entries to my (our) bank account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same such account. The DEPOSITORY is not responsible for verifying that debit entries or adjustments are authorized or correspond to erroneous credit entries.

DEPOSITORY

NAME: _____ **BRANCH:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TRANSIT/ABA #: _____ **ACCOUNT #:** _____

CHECKING ()

SAVING ()

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME: _____ **SIGNED:** _____

NAME: _____ **SIGNED:** _____

NAME: _____ **SIGNED:** _____

DATE: _____