

Remit To:  
 P.O. Box 225264  
 Dallas, TX 75222-5264

Correspondence:  
 P.O. Box 8237  
 Fort Worth, TX 76124

Ship To:  
 5450 Wilbarger  
 Fort Worth, TX 76119

Phone 817.429.5957 • Toll 800.722.3103 • Fax 817.429.9052  
 Visit our website at: [www.reederdistributors.com](http://www.reederdistributors.com)

Sales Rep \_\_\_\_\_

APPLICANT BUSINESS NAME \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_  
 P.O. BOX OR STREET CITY COUNTY STATE ZIP/+4

PHYSICAL ADDRESS \_\_\_\_\_  
 STREET CITY COUNTY STATE ZIP/+4

BUSINESS PHONE ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ HOME PHONE ( ) \_\_\_\_\_

o PROPRIETOR \_\_\_\_\_  
 NAME ADDRESS CITY STATE ZIP

SS# \_\_\_\_\_ DL# \_\_\_\_\_ STATE \_\_\_\_\_

o PARTNERSHIP – DATE OF PARTNERSHIP \_\_\_\_\_ FED. I.D. # \_\_\_\_\_ DUNS # \_\_\_\_\_

PARTNER \_\_\_\_\_  
 NAME ADDRESS CITY STATE ZIP

SS# \_\_\_\_\_ DL# \_\_\_\_\_ STATE \_\_\_\_\_

PARTNER \_\_\_\_\_  
 NAME ADDRESS CITY STATE ZIP

SS# \_\_\_\_\_ DL# \_\_\_\_\_ STATE \_\_\_\_\_

o CORPORATION – DATE OF CORP \_\_\_\_\_ FED. I.D. # \_\_\_\_\_ DUNS # \_\_\_\_\_

PRESIDENT \_\_\_\_\_ S.S. # \_\_\_\_\_  
 NAME ADDRESS CITY STATE, ZIP

VICE-PRES. \_\_\_\_\_ S.S. # \_\_\_\_\_  
 NAME ADDRESS CITY STATE, ZIP

SECRETARY \_\_\_\_\_ S.S. # \_\_\_\_\_  
 NAME ADDRESS CITY STATE, ZIP

TREASURER \_\_\_\_\_ S.S. # \_\_\_\_\_  
 NAME ADDRESS CITY STATE, ZIP

o (LLC) LIMITED LIABILITY CORP – DATE OF CORP \_\_\_\_\_ FED. I.D. # \_\_\_\_\_ DUNS # \_\_\_\_\_

GENERAL PARTNER \_\_\_\_\_ S.S. # \_\_\_\_\_  
 NAME ADDRESS CITY STATE, ZIP

LIMITED PARTNER \_\_\_\_\_ S.S. # \_\_\_\_\_  
 NAME ADDRESS CITY STATE, ZIP

LIMITED PARTNER \_\_\_\_\_ S.S. # \_\_\_\_\_  
 NAME ADDRESS CITY STATE, ZIP

BANK REFERENCE \_\_\_\_\_ BRANCH \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

ACCT. NUMBER \_\_\_\_\_ CONTACT \_\_\_\_\_

PURCHASING CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

BUSINESS REFERENCES (GIVE ONLY NAMES FROM WHOM YOU BUY ON OPEN ACCOUNT)

NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

CONTACT \_\_\_\_\_ FAX ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_  
 PO BOX or STREET CITY STATE ZIP

NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

CONTACT \_\_\_\_\_ FAX ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_  
PO BOX or STREET CITY STATE ZIP

CONTRACTING LICENSE AND BONDING INFORMATION			
CONTRACTORS LICENSE #:	_____	TYPE:	_____ EXPIRES: _____
BONDING COMPANY:	_____	BOND #:	_____ AMOUNT: _____
PHONE #:	_____	ADDRESS:	_____ CITY, STATE, ZIP: _____

**FOR YOUR CONVENIENCE THIS DOCUMENT MAY BE FAXED TO INITIATE PROCESSING.  
HOWEVER, THE ORIGINAL, INCLUDING SIGNATURE, IS REQUIRED TO CONSIDER OPENING THE ACCOUNT**

SALES INFORMATION	(PLEASE COMPLETE)	BILLING INFORMATION
TYPE OF BUSINESS		<input type="checkbox"/> NO SALES TAX REQUIRED
INDUSTRY AFFILIATION		Please attach applicable resale or exempt certificate
NUMBER OF YEARS IN BUSINESS		<input type="checkbox"/> CHARGE SALES TAX
AREA COVERED		<input type="checkbox"/> PURCHASE ORDER REQUIRED
NO. OF EMPLOYEES		<input type="checkbox"/> JOB NAME REQUIRED
EST. ANNUAL PURCHASES FROM REEDER		<input type="checkbox"/> I WOULD LIKE TO RECEIVE A MONTHLY STATEMENT
PURCHASING AGENT		<input type="checkbox"/> ADDITIONAL AUTHORIZED PURCHASERS (ATTACH LIST)
REEDER RECOMMENDED BY		<input type="checkbox"/> NO. OF INVOICES REQUIRED
CREDIT LINE REQUESTED		<input type="checkbox"/> ACCOUNTS PAYABLE CONTACT

**TERMS OF SALE:**

1. Payment for all sales are due thirty (30) days following the sale and past due thereafter.
2. I understand there is a SERVICE CHARGE of 1-1/2% per month (which is an ANNUAL PERCENTAGE rate of 18%) that will be charged on any balance not paid after sixty (60) days of the month following purchase. SERVICE CHARGE is added to principal which is compounded. Applicant and/or guarantors agree to pay such SERVICE CHARGES. Applicant and or guarantor/s agree to pay all actual cost of collection including actual attorneys fees, court cost and or collection agency fees due to Reeder Distributors, Inc. (hereinafter called Reeder) as applicants' or guarantors' breach of the terms of sale, whether or not a lawsuit is brought to satisfy the debt owed to Reeder by applicant or guarantors. In the event that any suit or collection action is required to enforce the terms of the Credit Application and to collect unpaid account balances owing to Reeder, the undersigned agrees that jurisdiction and venue for any such action shall not be limited to the state and county in which the materials, goods or services are purchased or received. The undersigned also agrees and submits to the jurisdiction of the Texas courts, and agrees that at Reeder's sole option, the proper venue for any such collection action may include any Texas county.
3. All sales are subject to all other Terms and Conditions of Sale' set forth on the pertinent packing list or invoice relating to the particular sale.
4. ACCOUNT BALANCES 50 DAYS AND OLDER ARE SUBJECT TO A CREDIT HOLD AND MAY BE REPORTED TO INDUSTRY TRADE GROUP ASSOCIATIONS.
5. Applicant and/or guarantor(s) agrees to pay to Reeder a service charge equal to but not greater than the legally acceptable amount on all dishonored Check(s) returned to Reeder by the bank.

The above information is provided for the purpose of obtaining an open credit account with Reeder. Applicant does warrant and acknowledge that Reeder may rely on same, as concerns the execution of this agreement. In the event Applicant is a Sole proprietor or Partner in the Partnership, that individual's Signature hereinafter authorizes Reeder to investigate their individual consumer credit report. If Applicant is a Corporation, signature by an individual is required on the personal and continuing personal guarantee, and when executed permission is granted to Reeder to investigate the individual's Consumer credit report. Applicant furthermore authorizes Reeder to investigate those references listed hereon and those available, to Reeder, through Industry credit trade group associations.

Applicants acknowledge having kept a copy of this credit application for their business records.

X

APPLICANT'S NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

**BOTH PERSONAL GUARANTEE AND ACKNOWLEDGMENT OF THE TERMS OF SALE  
MUST BE SIGNED BEFORE THIS APPLICATION CAN BE PROCESSED**

Please circle the type of fuel storage tank (or tanks) you are currently using.

Aboveground

Underground

Please list size of fuel tank (or tanks): or, attach a list.

Before we can deliver fuel into an underground fuel storage tank larger than 1100 gallons we must have a copy of your Delivery Certificate issued by the T.N.R.C.C. in our files. Please enclose a copy with the credit application.

Will you be buying off road #2 diesel fuels? **Yes** **No**

If you answered yes we must have a copy of your Texas Diesel Fuel End User or Agricultural User Exemption Signed Statement Registration Number, in order to avoid paying the Texas State diesel fuel tax. Please enclose a copy with the credit application.

If you currently have a Diesel Fuel Bonded User permit we must have a copy in our files to sell you State tax free. Please enclose a copy with the credit application. Are you bonded?

**Yes** **No**

Signature \_\_\_\_\_ Title \_\_\_\_\_

Sales Representative:



## TEXAS SALES AND USE TAX RESALE CERTIFICATE

Name of purchaser, firm or agency as shown on permit	Phone (Area code and number)											
Address (Street & number, P.O. Box or Route number)												
City, State, ZIP code												
Texas Sales and Use Tax Permit Number (must contain 11 digits)												
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>												
Out-of-state retailer's registration number or Federal Taxpayers Registry (RFC) number for retailers based in Mexico												
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 40%;"><i>(Retailers based in Mexico must also provide a copy of their Mexico registration form to the seller.)</i></td> </tr> </table>			<i>(Retailers based in Mexico must also provide a copy of their Mexico registration form to the seller.)</i>									
	<i>(Retailers based in Mexico must also provide a copy of their Mexico registration form to the seller.)</i>											

I, the purchaser named above, claim the right to make a non-taxable purchase (for resale of the taxable items described below or on the attached order or invoice) from:

Seller: REEDER DISTRIBUTORS INC

Street address: 5450 WILBARGER

City, State, ZIP code: FORT WORTH TX 76119

Description of items to be purchased on the attached order or invoice:


**OIL AND LUBE**

Description of the type of business activity generally engaged in or type of items normally sold by the purchaser:

The taxable items described above, or on the attached order or invoice, will be resold, rented or leased by me within the geographical limits of the United States of America, its territories and possessions or within the geographical limits of the United Mexican States, in their present form or attached to other taxable items to be sold.

I understand that if I make any use of the items other than retention, demonstration or display while holding them for sale, lease or rental, I must pay sales tax on the items at the time of use based upon either the purchase price or the fair market rental value for the period of time used.

*I understand that it is a criminal offense to give a resale certificate to the seller for taxable items that I know, at the time of purchase, are purchased for use rather than for the purpose of resale, lease or rental, and depending on the amount of tax evaded, the offense may range from a Class C misdemeanor to a felony of the second degree.*

 Purchaser	Title	Date
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This certificate should be furnished to the supplier. Do not send the completed certificate to the Comptroller of Public Accounts.

**TEXAS END USER SIGNED STATEMENT  
 FOR PURCHASING TAX-FREE  
 DYED DIESEL FUEL**

Selling supplier  
 or distributor: \_\_\_\_\_

Address: \_\_\_\_\_

Purchasing entity name	End user signed statement number
Address	Beginning effective date
	Taxpayer number

*If the purchaser is a division of a corporation, give the name and address of the parent corporation, not the division DBA name.*

Parent corporation name: \_\_\_\_\_

Address: \_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING**

- Will you use any of this diesel fuel in a motor vehicle on public highways, streets or roads? .....  YES  NO
- Will you resell any of this diesel fuel? .....  YES  NO
- Will you purchase more than 10,000 gallons per month? .....  YES  NO

**If any answer is "YES," you may not legally sign this statement.**

*EXCEPTION: A purchaser using an End User Signed Statement Number to purchase dyed diesel fuel for exclusive use in oil or gas production must also furnish a Letter of Exception issued by the Comptroller to authorize the purchase of up to 25,000 gallons per month.*

**NOTE: THIS IS YOUR MASTER COPY. PLEASE RETAIN IN YOUR FILES AND MAKE COPIES AS NEEDED.**

I DECLARE THAT:

- none of the dyed diesel fuel purchased on this signed statement will be used on public highways, streets or roads;
- all of the dyed diesel fuel purchased on this signed statement will be consumed by the purchaser in Texas and will not be resold; and
- none of the dyed diesel fuel purchased on this signed statement will be delivered or permitted to be delivered into the fuel supply tanks of motor vehicles operating on public highways, streets or roads in this state.

I am aware that certain fines and criminal penalties are provided by law for giving a false diesel fuel signed statement.



For information, call (800) 252-1383  
 or (512) 463-4600.

\_\_\_\_\_  
 Name of purchaser (Type or print)

By: \_\_\_\_\_  
 Purchaser or authorized representative (Type or print)

\_\_\_\_\_  
 Signature of authorized representative

**sign  
 here** ▶

\_\_\_\_\_  
 Date