



SCHMIDT & SONS, INC.

2510 Church Street ♦ P. O. Box 232
Gonzales, Texas 78629
Phone: (830) 672-2018 Fax: (830) 672-7373

Dear Valued Customer,

Here at Schmidt and Sons, Inc. we deliver high-quality, responsive service to all of our customers. Your interest in our company tells us that we have fulfilled our customer's needs by providing quality products and responsive service.

This credit application is designed for fuel customers. This application will establish an account of *net 10 days*. Once product is delivered, payment will be due 10 days from that delivery date. Schmidt and Sons, Inc. does have the ability to accept credit card and ACH payments. These forms are attached.

Attached to the credit application you will see a Business Profile page. This page needs to be completed so that we can assess and understand your overall needs. I hope this information will leave you feeling confident that our company can supply your business needs.

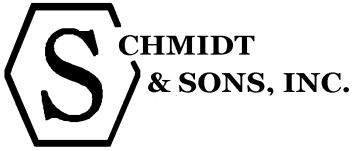
Please complete the credit application in its entirety and if you have any questions regarding this application please contact, Stacy Harding, at sharding124@schmidtandsons.com or by phone at (800) 499-4549 ext. 124.

Once forms are completed please fax to Stacy Harding at (830) 672-7373. You will then receive notification that your application has been received and be given an expected process time. At that point we will then start the account setup process. Once that process has been completed you will receive notification by letter of either acceptance or denial of account.

Thank you for choosing Schmidt and Sons, Inc. and we look forward to the opportunity to serve you and your business.

Sincerely,

Schmidt and Sons, Inc.



**SCHMIDT
& SONS, INC.**

NET 10 DAY CREDIT APPLICATION

P.O. Box 232
Gonzales, TX 78629
Phone: (800) 499-4549
Fax: (830) 672-7373

NAME AND ADDRESS	FULL LEGAL BUSINESS NAME		FEDERAL TAX ID / SOCIAL SECURITY NUMBER	
	MAILING ADDRESS		CITY	STATE ZIP CODE
	STREET ADDRESS		CITY	STATE ZIP CODE
	CONTACT CONCERNING CREDIT	NAME	TITLE	PHONE NUMBER
	EMAIL ADDRESS:			FAX NUMBER
	STORE HOURS			
FINANCIAL INFORMATION	<input type="checkbox"/> NEW ACCOUNT	CREDIT LIMIT REQUESTED	AMOUNT OF FIRST ORDER	
	<input type="checkbox"/> HIGHER LIMIT			
	Financial Statement	<input type="checkbox"/> Is Attached	MONTH	YEAR
		<input type="checkbox"/> Being Mailed Separately		
LEGAL STRUCTURE	<input type="checkbox"/> Corporation	DIVISION OR SUBSIDIARY NAME	NAME OF PARENT COMPANY	
		PRESIDENT'S NAME	PRESIDENT SINCE?	
	<input type="checkbox"/> Partnership	NAMES OF PARTNERS		
	<input type="checkbox"/> Proprietorship	NAME AND ADDRESS OF OWNER		
	TYPE OF BUSINESS		DATE BUSINESS STARTED	
BANKING INFORMATION	NAME OF BANK		BANKERS NAME	ACCOUNT NUMBER
	CITY	STATE	ZIP CODE	PHONE & FAX NUMBER
TRADE REFERENCES	SUPPLIER NAME / ACCOUNT NUMBER			FAX NUMBER
MISC. INFORMATION	<input type="checkbox"/> Taxable			
	<input type="checkbox"/> Non-Taxable*			
	SALES REPRESENTATIVES NAME		STANDARD INDUSTRY CODE (SIC)	DUNS NUMBER

*If Non-Taxable, a Texas Sales and Use Tax Exemption Certificate or a Texas Resale Certificate (whichever applies), must be attached.

AGREED PAYMENT TERMS

I/we the below signed do acknowledge and accept Schmidt and Sons, Inc. payment terms on all fuel invoices on this credit account are due and payable in Net 10 Day terms or load to load, whichever comes first, and that interest will be charged on all past due balances at a rate of 1 1/2% per month. It is expressly agreed that all obligations of the parties created herein are performable.

The above information is for the purpose of obtaining credit and is warranted to be true. I acknowledge that the owner(s) and/or company's consumer credit file may be requested from a credit reporting agency in order to establish credit with Schmidt and Sons, Inc. The undersigned hereby authorizes the above listed references to release such information as necessary to establish credit with Schmidt and Sons, Inc. I/We further agree and stipulate that this contract is made entered into, and enforceable in Gonzales, Gonzales County, Texas and that all questions concerning the validity, interpretation, or performance of any contract terms or provisions, or of any rights or obligations of the parties herto, shall be deemed to have arisen in Gonzales County, Texas and shall be governed by and resolved in accordance with the laws of the Sate of Texas. I/We consent to such venue in Gonzales County, Texas and waive the right, if any, to assert venue in any other state or country. Should this account become delinquent, I will be responsible for any and all legal fees, court cost and collection charges. I understand and agree that all bills & invoices shall be due & payable as follows:

Net 10 Day
Terms

Agent for the Company

Title

Company

PERSONAL GUARANTEE AGREEMENT

In consideration of goods being sold on an open account, I personally guarantee all indebtedness hereunder. I further agree that this guarantee is an absolute, completed and continuing one, and no notice of the indebtedness already or hereafter contracted be given. The terms may be rearranged, extended and/or renewed without notice to me. I will be responsible for any and all legal fees, court costs and collection charges incurred in the collection of all balances due. I will within five (5) working days from the date of notice that the account is past due, pay the full amount due.

Guarantor Printed Name

Driver's License Number

Address

Social Security Number

City, State, Zip Code

Telephone Number

Guarantor Signature

Date



New Account Business Profile

Basic Information

Full Business name: _____
Business owner name: _____
Mailing address: _____
Street address: _____
Telephone number: _____
Fax number: _____
Email address: _____
Sales Representative: _____

Business Profile

Years in business: _____
Previously or presently affiliated
w/ only oil brands: _____
No. of business locations: _____
No. of business customers: _____
% of repeat business customers: _____
No. of service tickets or
job orders per year: _____
Oil gallons per year: _____
Sales \$ per year: _____
No. of work bays: _____
No. of oil tanks: _____
Size of oil tanks: _____
No. of product warehouses: _____
Size of product warehouses: _____
Customer class: _____

Purchases

Brand of bulk:	_____
Package	Yes/No
Valvoline filters	Yes/No
Service chemicals	Yes/No
WIX filters	Yes/No

Business Needs

What can SSI do for you?

Equipment programs:

Startup initiatives:

Business plans:

What is the size of the first order?

Gallons:

Etc....



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COMPANY NAME: _____ **ACCT.#** _____

OWNER: _____

OWNER CONTACT: _____

CONTACT NUMBER: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

PURCHASING CONTACT: _____

CONTACT NUMBER: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

ACCOUNTS PAYABLE CONTACT: _____

CONTACT NUMBER: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

Please return form via fax at 830-672-7373

Attn: Stacy Harding