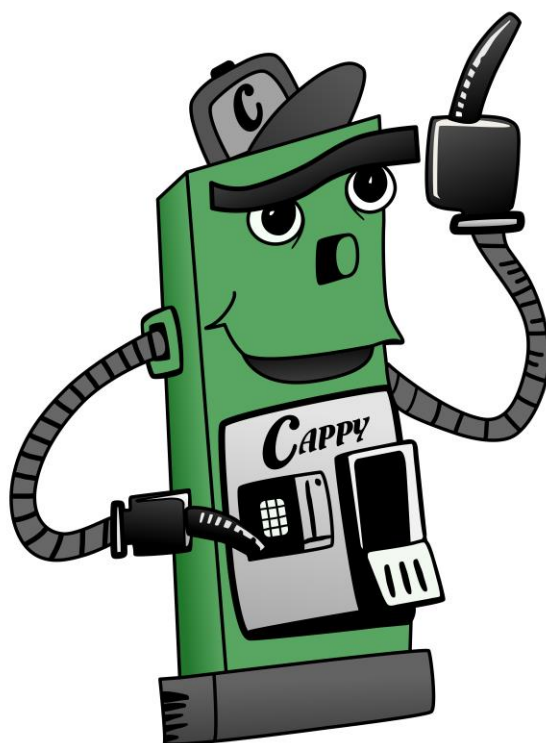


Capital Oil, Inc.



Capital Fuel Center

304 Carrier Blvd
Richland, MS 39218
601-932-1261

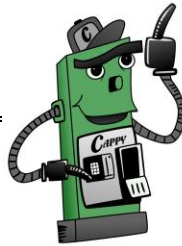
Capital Lube & Tire

360 Carrier Blvd
Richland, MS 39218
601-932-7875

Capital Oil, Inc.

PO Box 24085
Jackson, MS 39225

601-932-6868 phone
601-932-6802 fax



Name _____
Doing Business As _____
How Many Years in Business _____
Mailing Address _____
City _____ State _____ Zip Code _____
Physical Address _____
City _____ State _____ Zip Code _____
Accounts Payable Contact _____
Office Phone Number _____
Cell Phone _____
Email Address _____

Type of Entity () Corporation () Partnership () Proprietorship () Individual
Federal Tax Identification Number _____

Primary Owner/President _____
Home Address _____
City _____ State _____ Zip Code _____
Home Phone Number _____
Social Security Number _____ Date of Birth _____
Email Address _____

Co-Owner/Vice-President _____
Home Address _____
City _____ State _____ Zip Code _____
Home Phone Number _____
Social Security Number _____ Date of Birth _____
Email Address _____

Signature:

I/We wish to open an account with Capital Oil, Fuel Center, Lube & Tire and hereby submit the requested information for credit consideration. The information provided is true and accurate to my/our knowledge and belief. Should credit be granted, I/we agree to remit payment in accordance with applicable terms of payment and credit limit. I understand that terms are **Net 7 Days** with an early payment discount, but no later than **15 Days** with no discount. I understand that exceeding 15 days will jeopardize any future credit with Capital Oil, Fuel Center, Lube & Tire.

Signature of Authorized Person _____

Printed Name of Authorized Person _____

Title _____ Date _____

Charge Card Set Up

- Cards can be used either inside or outside at the pump.
- Each employee will have personal (4) digit pin number, charges will not be allowed without pin numbers. Lost and stolen cards will not allow charges without the correct pin number.
- In the instance of a lost or stolen card, customer must contact Capital Oil, Inc. to deactivate that card. Unless the card lands in the hands of a person with the correct pin number, it should not allow charges. Please notify Capital just as a precaution. The customer will be held responsible for all charges made with that card. Do not give your pin number to anyone.
- In the instance of a terminated employee, customer must contact Capital Oil, Inc. to deactivate that card. The customer will be held responsible for all charges made with that card. Your employees must not give their pin number to anyone.
- Please do not give a new employee a card that belonged to a former employee. Contact our home office at the above number to issue any and all new employees a card that is unique to him/her.

Driver Name_____ (4) Digit Pin Number_____

Driver Name_____ (4) Digit Pin Number_____

Driver Name_____ (4) Digit Pin Number_____

Driver Name_____ (4) Digit Pin Number_____

Driver Name_____ (4) Digit Pin Number_____

Driver Name_____ (4) Digit Pin Number_____

Driver Name_____ (4) Digit Pin Number_____

Driver Name_____ (4) Digit Pin Number_____

(Please make copies of the form for additional employees)

Should driver be required to enter?

Odometer Number yes no (circle one)

Vehicle Number yes no (circle one)

Should driver be allowed to purchase?

Automotive supplies, oil, tires, batteries, etc. yes no (circle one)

Repairs, oil changes, etc. yes no (circle one)

Soda, chips, beer, cigarettes, etc. yes no (circle one)

I _____ (customer/company representative)
acknowledge that it is my responsibility to keep my pin numbers in a safe and secure place. I agree to pay all charges that are linked to my (or my employees/families) pin number. I will report all lost, stolen, or terminated employees immediately. I agree to pay any charges as a result of my failure to do so. I understand that any charge that is accompanied by a pin number will be treated as a charge with a signature.

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize _____ (THE COMPANY) to initiate entries to my checking/savings accounts at the financial institution listed below _____ (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State & Zip)

(Signature) (Date)

(Name - PLEASE PRINT)

(Address - PLEASE PRINT)

Set Amount: _____ Maximum Amount: _____

Checking/Savings Account Number: _____

Financial Institution Routing Number: _____

PLEASE ATTACH A VOIDED CHECK TO THIS FORM BEFORE TURNING IN.