



La Crosse: 608-782-3308
 Byron: 507-775-2669
 www.midwestfuels.com

CUSTOMER APPLICATION

Return via Email to: orderdesk@midwestfuels.com
 Return via Mail to: P.O. Box 809
 Onalaska, WI 54650

BUSINESS OR ORGANIZATION APPLICANT - START HERE

Bus / Org Name: _____ Type of Bus / Org: _____
 Structure: Corporation Limited Liability Co. Partnership Sole Proprietorship Other: _____
 Date of Incorporation: _____ State of Registration: _____ Federal ID No: _____ Tax Exempt: Y N
 Bank Name: _____ Contact: _____ Phone: _____ Fax: _____

TRADE REFERENCES:

Company Name: _____ Contact: _____ Phone: _____ Fax: _____
 Company Name: _____ Contact: _____ Phone: _____ Fax: _____
 Company Name: _____ Contact: _____ Phone: _____ Fax: _____

Proceed to Account Contact Information Below

PERSONAL OR RESIDENTIAL APPLICANT - START HERE

Applicant Name: _____ Social Security # (required): _____
 Co-Applicant Name: _____ Social Security # (required): _____
 Own Rent Years: _____ If Rent, Landlord Name: _____ Phone: _____
 Applicant Employer: _____ Occupation: _____ # of Years: _____ Monthly Gross Pay: _____
 Co-Applicant Employer: _____ Occupation: _____ # of Years: _____ Monthly Gross Pay: _____

ACCOUNT CONTACT INFORMATION - ALL APPLICANTS

Address: _____ City: _____
 State: _____ Zip Code: _____ County: _____
 Phone: _____ Cell: _____ Email: _____
 Service(s) Interested In: Propane Home Heat Fuel Oil Home Heat Propane Farm Service Farm/Industrial Fuel Service Lubricants/DEF
 What product(s) do you intend to purchase?: _____
 Do you own your own tank?: Y N If yes, what size?: _____ Are you tax exempt?: Federal State Sales Tax

With my signature below, I warrant that the information provided is true and accurate, that I have read and agree to the terms and conditions as stated in this application, and that I am authorized to obligate the applicant to this application and its terms and conditions. I authorize the Company to contact my provided credit and bank references, and utilize credit reporting agency provided information to make a credit decision now or at any time in the future. I agree to provide notice of change in business ownership or structure and pay any balance owed prior to such change.

The Federal Equal Credit Opportunity Act (ECOA) prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers our compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.

Signature: _____ Name (Printed): _____ Title: _____ Date: _____
 Signature: _____ Name (Printed): _____ Title: _____ Date: _____

TERMS AND CONDITIONS

Terms are Net 30 from shipping date (the "Term"). Past due accounts will be assessed a service charge of 1.5% per month (18% APR) or the highest rate permitted by applicable law. Service will be suspended to accounts with balances not paid within Term until past due balance is paid in full. In the event a Draft or Check is returned as NSF, the account will be assessed a fee of \$35. The applicant agrees to pay all costs, expenses, interest and reasonable attorney fees, including litigation expenses incurred by the Company to collect or attempt to collect any sums due Company by Applicant. The applicant acknowledges that delivery times are "best efforts". The Company will not be responsible for any claims or damage whatsoever for failure to deliver at certain times. The decision to extend credit lies solely with the Company. At our sole discretion, we may seek additional information, references, project information or guaranties as we deem reasonably necessary. Applicant acknowledges that failure to provide such information may affect our decision to extend credit or limit any credit that we may agree to extend. If you are tax exempt, it is your responsibility to provide us documentation confirming that status. You will be billed taxes on all invoices until such time as that documentation is provided and verified.

OFFICE USE ONLY

Credit Approved Cash Only Reviewed By: _____ Date: _____ Time: _____
 Submission Type: Electronic Verbal Paper