Please send completed application to: Credit Department at (480)624-5890 or email to accounting@nalube.com Please send a copy of a valid tax exempt certificate

COMPANY INFORMATION									
Legal Business Name:				Federal Tax ID:					
Billing Address:				City:			State:	Zip:	
Sales Contact:	Phone #:			Fax #:		Email:			
Accounts Payable:	Phone #:			Fax #:		Email:			
No.of years in business under current owner	ership:		siness: (Ch	_ `	[7		П	
Ship to Address: (Complete if different than billing	g address)	Corporation	on: LL	C: Partr City:	nersnip: L	→ Sole Pro	State:	Zip:	
Credit Line Requested:			Duns #	<u> </u>			<u> </u>		
PRINCIPALS OR GUARANTORS INFORMATION									
Name:	Title:			Drivers Lice	nse#:	State:	Social Se	curity No:	
Home Address:			City:		Home Ph	one:	State:	Zip:	
BANK REFERENCE:			L		<u> </u>			<u> </u>	
Bank Name:	Account :	Account #:		Phone#:		Fax# or email:			
Address:	Contact:			City:			State:	Zip:	
Bank Name:	Account #:			Phone#:			Fax# or email:		
Address:	Contact:			City:			State:	Zip:	
TRADE REFERENCES:									
Name:	Account	Account #:		Phone#:			Fax# or email:		
Address:	City:	City:		State: Contact		Name:			
Name:	Account :	Account #:		Phone#:			Fax# or email:		
Address:	City:	City:		State: Contact I		Name:			
Name:	Account	Account #:		Phone#:		<u> </u>	Fax# or email:		
Address; , the undersigned, being a duly officer authoriz authorize North American Lubricants Company				State: Contact to mpany and/or corporation listed or any and all purchases on my account to the contact to the		Name: n this credit application, do hereby nt within the terms established by NAL. Any			
AUTHORIZATION: NAL receiving written notice of	of any chana	es Furtherma	ore I (we) a	aree that NAI	may susp	end and or c	cancel this a	areement at any time with or	
without notice at its sole discretion. The signing established terms for all orders. Credit terms moby and construed in accordance with applicative process of the exclusive jurisdiction dispute or claim arising under this agreement. I listed above, including its affiliate's, owners and are based on approved credit terms from the opayments due under this personal guarantee of fees necessary for collection, and enforcement accrue at 18% annually, compounded monthly. A fax or photocopy of this authorization shall be	party unders by be change able U.S. feden and venue By signing this d employees date of shipn are not punc- t of this guar y or the maxi	stands that a ed at any timeral law and of the United s authorization. By signing be nent. In addii tually paid up antee. The ummum allowa	n application with or withe laws of the States fed on, the underselow, the underselow, the underselow demandersigned	on for credit d ithout notice the State of A eral and Arize rsigned agree ndersigned in dersigned agr d, then the ur further unders	by NAL. An rizona, with ona state cost operson dividual acost that landersigned stands and	y dispute aris nout regard to ourts or Mario nally guaran ecepts and ute fees will a agrees to po agrees that	sing from this o conflict of copa Count tee all debts inderstands apply to all largy for all readinterest on conflictions.	s agreement will be governed laws principles. Each party y in connection with any incurred by the company that all price quotes from NAL te payments. In the event sonable costs and attorney's	
Signature:		<u> </u>			ease Print)				
			Title:			Date:			

DISTRIBUTOR APPLICATION

(6) NORTH AMERICAN LUBRICANTS

METHOD OF PAYMENT EFT

AUTOMATIC DEBIT AUTHORIZATION EFT/ACH DRA	FT					
Name of Bank:		Branch:				
Address of Bank:	City:	<u>I</u>	State:	Zip:		
Name on Account:	Routing Number:		Account Number:			
AUTHORIZATION:						
annually, compounded monthly or the maximum	be submitted in writing to NAL. Notice of change any changes. Furthermore, I (we) agree that NAL arty understands that an application for credit be changed at any time with or without notice be U.S. federal law and the laws of the State of Ariand venue of the United States federal and Arizor this authorization, the undersigned agrees to persy signing below, the undersigned individual accepts. In addition, the undersigned agrees that late fery paid upon demand, then the undersigned agrees the undersigned further understands and agrees the allowable by the state the customer's business in allowable by the state the customer's business in	e or cancellation shall in may suspend and or or conserved and or	n no way e cancel this dit and agri ising from the to conflict of icopa Cour debts incurrent at all price payments.	ffect pending charges on my agreement at any time with or ees to pay in full within the is agreement will be governed of laws principles. Each party the in connection with any dispute ed by the company listed above, quotes from NAL are based on In the event payments due and attorney's fees necessary for		
A fax or photocopy of this authorization shall be	, i					
Signature:	Name: (Please Print)	Name: (Please Print)				
	Title:	Date:				

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