

Credit Application							
Contact Information				Billing Information			
Contact Name			AP Contact				
Company			Company				
Address			Address				
Phone	Fax		Phone		Fax		
Email			Email	Email			
		General Co	mpany Information	on			
Principal Officer		Title					
Fed ID #	D&B #	Year Co	mpany Started				
Legal Structure: Coi	poration	LLC Sole Propr	ietor Oth	er			
		Fuel	Information				
Tax Status: Not Exempt	Exemp	ot Attach the appropri	ate exemption form(s)	and comple	ete State Tax Exemptio	on Form otherwise you will be taxed.	
Type of Fuel Requested	Dies	el Gasoline	Aviation		Other		
		Financ	ial Information				
Requested Credit Amount \$		(If over \$50,00 please atta	ch 2 years of audited f	2 years of audited financials) Estimated # of Transactions			
Bank Name Address			Type of Account				
Contact Name Phone					Email		
		Trade	e References				
Company	Contact	Address	City State ZI	IP	Phone	Email	
. ,			•				
Signature & Authorization							
The signature below represents and warrants that (a) the party signing below is an authorized representative of the company: and (b) that the information provided herein is a complete and accurate representation of the company's financial position as of the date hereof. Any misrepresentation or fraudulent information provided will be the basis for default under this agreement. I give my authorization for Hightowers Petroleum Company or designee to check the references listed in either its application and/or on the attachment. I agree to HPC's General Terms and Conditions for Sales of Petroleum Products attached hereto.							
Signature			Date				
Print Name			Title				



State Tax Exemptions								
Contact Information				_	Billing Information			
Contact Name				AP Contact				
Company				Company				
Address				Address				
Phone		Fax		Phone	Phone Fax			
Email				Email				
Federal ID Num	ber							
			Fuel	Information				
State		Gasoline	Die	sel	Aviation	Sales		
Signature & Authorization								
The undersigned hereby certifies that the above-named company is registered with the state(s) listed and claims exemption, if allowed, from state fuel and sales taxes based on the listed license numbers.								
Signature				Date				
Print Name				Title				



Electronic Funds Transfer Authorization Agreement						
Contact Information				Billing Information		
Contact Name			AP Contact			
Company			Company	Company		
Address		Address	Address			
Phone	Fax		Phone	Fax		
Email	Email		Email			
Federal ID Number						
Bank Information *						
Bank Name Address			Type of Account			
Contact Name		Phone			Email	
Account Number		Routing Number				
Signature & Authorization						
I authorize Hightowers Petroleum Company access to the above account in order to electronically draft or deposit funds in accordance with our contractual obligations. Ruther, I certify that the above information is correct and that this account is a business account used solely for business purposes. I agree and acknowledge that Hightowers Petroleum Company shall not be liable for any consequential or incidental damages. I also agree to provide a ten (10) day written notice to Hightowers Petroleum Company prior to revoking this authorization.						
Signature			Date			
Print Name			Title			

^{*}Please attached a voided check or a letter from your bank with your account number listed.

Form (Rev. October 2018)
Department of the Treasury

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	•		4			
	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.					
	2 Business name/disregarded entity name, if different from above					
Print or type. Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Ch following seven boxes. Individual/sole proprietor or C Corporation S Corporation Partnership	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):				
e.	g single-member LLC Exempt payee code (if any)					
충용	E Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►					
Print or type. c Instruction	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that code (if any)					
ij.	is disregarded from the owner should check the appropriate box for the tax classification of its own	er.	(Applies to accounts maintained outside the U.S.)			
ĕ	Other (see instructions) ► 5 Address (number, street, and apt. or suite no.) See instructions.	Doguartor's name a	and address (optional)			
e S	5 Address (number, street, and apt. or suite no.) See instructions.	nequester s name a	ilu address (optioriai)			
6 City, state, and ZIP code						
93	7 List account number(s) here (optional)					
	List account number by note (optional)					
Par	Taxpayer Identification Number (TIN)					
	our TIN in the appropriate box. The TIN provided must match the name given on line 1 to av	oid Social sec	curity number			
backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a						
TIN, later.						
	f the account is in more than one name, see the instructions for line 1. Also see What Name	and Employer	identification number			
Number To Give the Requester for guidelines on whose number to enter.			-			
Part	II Certification					
Under	penalties of perjury, I certify that:					
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and						
3. I am	a U.S. citizen or other U.S. person (defined below); and					
	FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reportir	a is correct.				
	eation instructions. You must cross out item 2 above if you have been notified by the IRS that you		ect to backup withholding because			
you ha acquis	re failed to report all interest and dividends on your tax return. For real estate transactions, item 2 tion or abandonment of secured property, cancellation of debt, contributions to an individual retinant interest and dividends, you are not required to sign the certification, but you must provide you	does not apply. For ement arrangement	r mortgage interest paid, :(IRA), and generally, payments			
Sign Here	Signature of U.S. person ►	Date ►				
gentrational little	MANAGE TO THE PROPERTY OF T	person septembered				

General Instructions

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
 Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later



3577 Commerce Drive, Middletown, OH 45005 Phone: (513) 423-4272 Fax: (513) 423-5750 www.hightowerspetroleum.com

ABSOLUTE AND UNCONDITIONAL PERSONAL GUARANTY

In order to induce Hightowers Petroleum Company to extend credit to the applicant, the undersigned, jointly and severally, agree to unconditionally guarantee to Hightowers Petroleum Company the full and prompt payment when due of all indebtedness including the balance on the account plus all service charges (if applicable). This is a guarantee of payment and not of collection and the undersigned agrees that nothing except full payment of all the indebtedness shall operate to discharge the undersigned's liability. The undersigned unconditionally and irrevocably waives each and every defense under the principles of guarantee or suretyship law which would otherwise operate to impair or diminish the undersigned for the indebtedness.

Print Name (without title)	hereby personally guarantee the
obligations of Name of Applicant Company	to Hightowers Petroleum Co
Signature:	Date:
Print Name:	
Social Security Number:	
Address	
City. State. Zip	