

DSP
Name:

The undersigned is applying for credit. The following information, which the undersigned warrants to be true and correct, is submitted as a basis for considering this application. Walthall Oil Company is authorized to investigate relationships with trade suppliers or financial institutions for the purpose of establishing credit.

Legal Business
Name:

Credit Amount Requested:

D/B/A:

State of Incorporation:

Billing
Address:

Federal Tax ID:

* Required for fuel purchases

City, ST Zip:

DUNS#

Phone #:

In Business
Since: (M/Y)

A/P Name &
Number:

#

Is a statement required?

Yes

No

A/P Email:

Invoices (and statements, if required) will be emailed to your AP Contact.

Payment Type:

Automatic Bank Draft (Preferred):
Walthall automatically drafts your bank account on the due date. Requires signed EFT form on page 3 and a voided check.

ACH Direct Deposit (Preferred):
Walthall provides banking information so your A/P team can initiate payment.

Online Payment Portal (Preferred):
Secure credit card or e-check payments via Walthall's portal.

Check:
Walthall encourages electronic payments for efficiency and reliability.

Credit Term Requested:

C.O.D
An automatic payment method must be provided. (CC authorization form or automatic draft form)

Net 10

Net 15

Net 30

Are you exempt from Sales Tax
in the State of purchase?

Yes.
When the credit app is submitted, please provide the tax exemption certificate for the states where you will be purchasing. A tax exemption number is not sufficient.

No

Corporate Officers

List of corporate officers, general and limited partners, proprietor, or personal guarantee signer, if applicable.

Full Name:	Title:	SSN
Home Address:	City	State Zip

Full Name:	Title:	SSN
Home Address:	City	State Zip

Banking References

Bank Name:	Account #:	Phone #:	Banking Officer:
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Please read the following carefully before signing:

I/We certify that the foregoing information has been supplied truthfully, accurately and voluntarily, and therefore authorize Walthall Oil Company to investigate my/our creditworthiness, credit history and financial responsibility through any credit bureau or by any other reasonable means, including direct contact with past and present creditors. I/We also authorize banks and other financial institutions to give information to Walthall Oil Company in connection with this transaction and my/our savings and checking accounts and loans.

I/We have requested of Walthall Oil Company that it deliver products to me/us on credit. It is the policy of Walthall Oil Company to require customers upon delivery of products to execute a receipt acknowledging the delivery. In order to induce Walthall Oil Company to deliver product pursuant to the credit application, I/We hereby agree to accept the risk of non-delivery and further agree that I/We will not contest or challenge the validity or genuineness of any Walthall Oil Company invoice submitted to me/us reflecting or evidencing delivery of product at a time when I/We was/were unavailable to acknowledge receipt of the delivery.

I/We hereby agree and promise to pay all invoices of Walthall Oil Company to it at its offices in Macon, Georgia, upon the terms set forth in writing. I/We further agree to pay interest at a rate of 1.5% on all amounts not paid as provided, as allowed by law and to pay all collection expenses, including reasonable attorney's fees.

Please note we partner with Coface North America to obtain a more favorable working capital arrangement with our bank. Coface requires a current credit file on all accounts. Coface North America may already have enough information on your company, but if they do not have your current credit file, they may reach out to obtain necessary information.

Printed Name: _____

Date: _____

Signature: _____

Title: _____

Witness: _____

I PERSONALLY UNCONDITIONALLY GUARANTEE THE PAYMENTS ABOVE, JOINTLY AND SEVERALLY.

Personal Guarantee signer must provide their information, including SSN and home address, on page 1 in the corporate officer's section, for a credit check.

Printed Name: _____

Date: _____

Signature: _____

Witness: _____

PLEASE SEND YOUR COMPLETED FORM TO: ----->



800-633-5685 | www.walthall-oil.com

LOCATIONS IN

- ✧ GEORGIA: Atlanta, Camilla, Macon, Milledgeville, & Savannah
- ✧ FLORIDA: Cocoa, Jacksonville, Palm City, & Miami
- ✧ SOUTH CAROLINA: Charleston, Florence, & Newberry

I (WE) HEREBY CERTIFY THE INFORMATION SET FORTH
BELOW IS CORRECT AND AUTHORIZE WALTHALL OIL COMPANY TO INITIATE DEBIT ENTRIES TO
MY (OUR) BANK ACCOUNT INDICATED BELOW WHICH IS USED SOLELY FOR BUSINESS
PURPOSES FOR PAYMENT OF ALL OBLIGATIONS DETERMINED BY WALTHALL OIL COMPANY TO
BE OWING BY ME (US) AS A CUSOMTER TO WALTHALL OIL COMPANY.

CUSTOMER NAME

NAME ON BANK ACCOUNT

BANK NAME

CITY, STATE, ZIP

BANK ROUTING NUMBER

BANK ACCOUNT NUMBER

PLEASE ATTACH COPY OF VOIDED CHECK

I (WE) CERTIFY THAT I (WE) HAVE CONTACTED AND AUTHORIZED THE ABOVE NAMED BANK TO
ACCEPT SUCH DEBIT ENTRIES FROM WALTHALL OIL COMPANY. THIS AUTHORITY SHALL
REMAIN IN FULL FORCE AND EFFECT UNTIL WALTHALL OIL COMPANY AND THE BANK HAVE
RECEIVED WRITTEN NOTIFICATION FROM ME (OR EITHER OF US) OF IT'S TERMINATION IN
SUCH TIME AND IN SUCH MANNER AS TO AFFORD WALTHALL OIL COMPANY AND THE BANK A
REASONABLE OPPORTUNITY TO ACT ON IT. I (WE) UNDERSTAND THAT THIS EFT SERVICE IS
GOVERENED BY THE RULES OF THE AUTOMATED CLEARING HOUSE AND THAT WALTHALL OIL
COMPANY CAN TERMINATE OR MODIFY IT AT ANY TIME.

WALTHALL ACCOUNT NO.

CUSTOMER SIGNATURE

PRINTED NAME

DATE