



1087 West 6 Mile Rd., Sault Ste. Marie, MI 49783

Main # (866) 977-3835 Fax # (877) 428-6814 www.wssfuels.com

Master Account Number	Sales Representative
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DATE RECEIVED:

PROCESSED BY:

**BUSINESS CREDIT APPLICATION**

Thank you for your interest in Walsh Service Solutions. To help us establish credit terms, please execute this application in its entirety. If credit terms requested are in excess of \$20,000 please send the latest financial statements and a bank reference. Product on credit terms will not be delivered until the credit review process is complete, which usually takes 3-4 business days.

**BUSINESS NAME / ADDRESS / CONTACT INFO:**

FULL LEGAL NAME OF BUSINESS		NAME & EMAIL ADDRESS OF ACCTS PAYABLE			
BILLING ADDRESS			CITY	STATE	ZIP
SHIP TO ADDRESS (SEE ATTACHED IF MULTIPLE SITES)			CITY	STATE	ZIP
CONTACT NAME	PHONE	FAX	EMAIL	BUSINESS WEBSITE	

**LEGAL STRUCTURE:**

<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership	<input type="checkbox"/> Division <input type="checkbox"/> Subsidiary	NAME OF PARENT COMPANY		PHONE	
		ADDRESS	CITY	STATE	ZIP
	STATE INCORP	OFFICER / OWNER #1	TITLE:	OFFICER / OWNER #2	TITLE:
				OFFICER / OWNER #3	TITLE:
<input type="checkbox"/> Proprietorship	OWNER'S NAME		SOC. SEC. NUMBER		HOME PHONE NUMBER
	OWNER'S HOME ADDRESS		CITY	STATE	ZIP

TYPE OF BUSINESS			YEARS IN BUSINESS		
FEDERAL TAX ID NUMBER	DUNS NUMBER	SIC CODE	PRESIDENT		
NAME OF BANK		NAME OF BANK CONTACT		BANK ACCOUNT NUMBER	
BANK PHONE NUMBER	BANK MAILING ADDRESS	CITY	STATE	ZIP	

**TRADE REFERENCES: (complete with credit terms of equal or greater value than requesting from Walsh Service Solutions)**

COMPANY NAME	ADDRESS	PHONE NUMBER	FAX #

**PREVIOUS SUPPLIERS:**

NAME	CREDIT LIMIT	REASON FOR LEAVING
NAME	CREDIT LIMIT	REASON FOR LEAVING

**CREDIT REQUEST:**

The EFT program saves time and money, please fill out the EFT form and draft notifications will be sent by fax or e-mail.

HOW DO YOU WANT YOUR INVOICES SENT?	<input type="checkbox"/> FAX #	<input type="checkbox"/> EMAIL
CREDIT LIMIT REQUESTED	BILLING CONTACT NAME / TITLE	PHONE NUMBER
		FAX NUMBER

**To help us better understand your needs and service your account, please complete the following sections.**

**TAX EXEMPTIONS:**

STATE SALES TAX	<input type="checkbox"/> EXEMPT <input type="checkbox"/> NON-EXEMPT	FORM SUPPLIED ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
STATE EXCISE TAX	<input type="checkbox"/> EXEMPT <input type="checkbox"/> NON-EXEMPT	FORM SUPPLIED ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
FEDERAL TAX	<input type="checkbox"/> EXEMPT <input type="checkbox"/> NON-EXEMPT	FORM SUPPLIED ?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Please note that if proof of tax exemption is not received on any of the aforementioned taxes, it will be the responsibility of the customer to receive any form of refund from the appropriate taxing entity. Chapp & Bushey is not responsible for the tax exemption, unless the necessary tax exempt forms have been supplied to Chapp & Bushey prior to delivery of product.

**PRODUCT & DELIVERY INFORMATION:**

PRODUCT	GALLONS PER DELIVERY	FREQUENCY OF DELIVERY	TYPE OF STORAGE UNIT & CAPACITY

**FINANCIAL STATEMENTS:**

ATTACHED      AUDITED:  YES  NO      TAX RETURNS:  YES  NO  
 SENT DIRECTLY TO CREDIT DEPT      NAME: \_\_\_\_\_      PHONE NUMBER: \_\_\_\_\_  
 WSS MAY REQUEST FROM: \_\_\_\_\_

The information provided to Walsh Service Solutions, LLC by the applicant (herein referred to "WSS") including financial statement(s) is warranted to be accurate, complete, and true and shall be the property of WSS. WSS is authorized to investigate the information provided to confirm its accuracy. By signing below it is agreed if WSS extends credit, any and all if its invoices shall be paid by the company within 20 days of it/their date, and shall be considered an incorporated, confirmatory writing to this agreement. Either party may terminate this agreement at any time, with the understanding all goods and services provided by WSS at the time of termination shall remain due and owing pursuant to all terms, herein. A 1.5% monthly late fee shall be charged or the maximum interest for late payments allowed by law, whichever is less. Payments which are returned will be assessed a \$75.00 penalty. The company agrees to pay any and all costs and expenses, including reasonable attorney fees, incurred by WSS in collecting past due accounts. The parties hereby agree all disputes at law under \$25,000 shall be resolved in the venue of the 8th District Court for Kalamazoo County. The undersigned hereby certifies and warrants that any credit extended as a result of this application will be used solely for business purposes and will not be used for personal, family or household purposes. The signatory acknowledges receiving an exact copy of this document, and (1) agrees and acknowledges that it contains Limited Warranties and Disclaimers; (2) agrees to be bound by the terms and conditions set forth in this Agreement; and (3) agrees that the person who signs hereafter on behalf of the Company has authority to bind it.

Legal Business Name: \_\_\_\_\_

BY: \_\_\_\_\_

Date: \_\_\_\_\_

Name:

Title:

The below individual personally guarantees payment of any and all outstanding debts owed to Walsh Service Solutions incurred by the company under this agreement and such guarantee is supported by good and valuable consideration, including but not limited to the inducement of Walsh Service Solutions to extend credit to the company.

\_\_\_\_\_  
Signature of Personal Guarantor

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_