



## RESELLER CREDIT APPLICATION

PLEASE RETURN COMPLETED APPLICATION ALONG WITH YOUR SIGNATURE, DRIVER'S LICENSE, W9, AND VOIDED CHECK TO YOUR SALES REP, FAX: 410-235-8720, OR EMAIL: CBFCredit@carrollfuel.net

Sales rep: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_

Business / Corporate Name: \_\_\_\_\_ Trading as: \_\_\_\_\_

Is this business a: Corporation  Partnership  Sole Proprietor  L.L.C.  Other \_\_\_\_\_

Your name: \_\_\_\_\_ Driver's license number: \_\_\_\_\_

Billing address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Name of station: \_\_\_\_\_

Station address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Will this location be: Rack +  DTW  Commission Agent  Do you sell RFG or CONV gas? \_\_\_\_\_

Tank Sizes:  
Regular: \_\_\_\_\_ Midgrade: \_\_\_\_\_ Super: \_\_\_\_\_ Diesel: \_\_\_\_\_

Name of person responsible for ordering fuel: Best phone number: \_\_\_\_\_

Number of years at this location: \_\_\_\_\_ Is this location: Owned Leased

If leased, what is the monthly rent? \_\_\_\_\_ Lease expiration date: \_\_\_\_\_

Landlord name: \_\_\_\_\_ Landlord phone: \_\_\_\_\_

Landlord address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Also at this location: C Store Car Wash Repair Other: \_\_\_\_\_

Do you own or lease any other stations? Yes  No  If yes, how many? \_\_\_\_\_

Are the stations: Branded Unbranded Are you currently Carroll customer? Yes  No

If yes, please list the account number(s)? \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OWNERSHIP: ALL SIGNATURE AREAS MUST BE SIGNED BY ALL PRINCIPAL OWNERS**

Name: _____	Name: _____	Name: _____
Title _____	Title _____	Title _____
SSN: _____	SSN: _____	SSN: _____
Home Address: _____ _____	Home Address: _____ _____	Home Address: _____ _____
Home Phone: _____	Home Phone: _____	Home Phone: _____
Signature: _____	Signature: _____	Signature: _____

**BANK REFERENCES: (Please provide contact information for main Bank Representative)**

BANK NAME: _____	PHONE: _____	ACCOUNT NUMBER: _____
ADDRESS: _____	CITY _____	STATE _____ ZIP _____

**CREDIT TERMS: (To be determined by credit after review)**

STANDARD CREDIT TERMS: _____ TERMS ARE NET 1 DAYS FROM DATE OF DELIVERY VIA EFT (ELECTRONIC FUNDS TRANSFER)
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CREDIT TERMS: Applicant(s) specifically authorizes Carroll Independent Fuel LLC (Carroll), any division thereof, or any credit reporting agency employed by Carroll Independent Fuel LLC or any division thereof, to investigate, at any time, the references & ownership herein listed or any other information stated above to determine applicant’s qualifications for credit. Any Dishonored Payment declined by the financial institution upon which the payment is drawn will be assessed an administrative fee set by Carroll. Carroll Independent Fuel LLC may, at its sole discretion, require that subsequent payments be made by means of wire transfer, certified or cashier’s check, money order, or other means satisfactory to Carroll Independent Fuel LLC. I certify that all the above information is correct and that I fully understand your credit terms and agree to proper payment in consideration of extended credit.

Account balances are due per terms above. Past due balances will accrue a FINANCE CHARGE of 1 ½% per month (ANNUAL PERCENTAGE RATE OF 18%). In the event of default, applicant agrees to pay the cost of collection, including court costs & attorney’s fees at the rate of 33% of the total balance due. Acceptance of late or partial payments (even if marked “paid in full”) does not waive Carroll Independent Fuel LLC’s (or any division thereof) right to collect all monies owed to the company. Further, by signing below, (Co-)Applicant consents to the personal jurisdiction and venue of the State of Maryland.

IN CONSIDERATION OF CARROLL INDEPENDENT FUEL LLC., ITS AFFILIATES AND/OR SUBSIDIARIES EXTENDING CREDIT, I/WE, JOINTLY AND SEVERALLY, DO PERSONALLY AND UNCONDITIONALLY GUARANTEE TO CARROLL INDEPENDENT FUEL LLC., ITS AFFILIATES AND SUBSIDIARIES, PAYMENT OF ANY INDEBTEDNESS OR BALANCE OF INDEBTEDNESS OF THE WITHIN NAMED FIRM, ITS AFFILATES AND SUBSIDIARIES WHICH BENEFIT FROM THE EXTENSION OF CREDIT SO OFFERED HEREIN AND/OR RECEIVED.

**Signatures in accordance with all principal owners listed above;**

\*Signature: \_\_\_\_\_ (seal) Title: \_\_\_\_\_ Date: \_\_\_\_\_

\*Signature: \_\_\_\_\_ (seal) Title: \_\_\_\_\_ Date: \_\_\_\_\_

\*Signature: \_\_\_\_\_ (seal) Title: \_\_\_\_\_ Date: \_\_\_\_\_

\*If the prospective purchaser is a corporation, a duly authorized agent with authority to make this application must sign, if a partnership, one partner must sign, if an incorporated association, a member must sign, if a sole proprietor, the proprietor must sign.



**ELECTRONIC PAYMENT AUTHORIZATION AGREEMENT**

**CUSTOMER INFORMATION**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**BANKING INFORMATION**

Bank Account Name: \_\_\_\_\_ Bank Account #: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Bank Routing # (9 digits) \_\_\_\_\_

Address: \_\_\_\_\_ Contact Name \_\_\_\_\_

City: \_\_\_\_\_ Contact Name: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Customer hereby agrees to make payment of such amounts as Customer may owe from time to time to Carroll Independent Fuel LLC, 2700 Loch Raven Road, Baltimore, MD 21218 ("Issuer") pursuant to that certain Business Charge Agreement, as amended from time to time between Customer and Issuer. Customer hereby authorizes Issuer to initiate debit or credit entries to Customer's demand deposit account at Customer's bank, and further authorizes Customer' bank to accept such entries initiated by Issuer and to debit or credit such entries to Customer's account without responsibility for the correctness of the entries.

**PLEASE NOTE: (1) CUSTOMER'S BANK MUST BE A MEMBER OF THE AUTOMATED CLEARINGHOUSE; AND (2) CUSTOMER MUST ATTACH A VOIDED CHECK TO THE AUTHORIZATION AGREEMENT.**

AUTHORIZED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

Customer (Company name) \_\_\_\_\_ Customer Signature \_\_\_\_\_

Print Name & Title \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>																				
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**Part II Certification**

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.