



1 • 877 • NELUBES
Commercial • Industrial • Agricultural • Automotive
www.northeastlubricants.com

4500 Renaissance Parkway, Cleveland, OH 44128
Phone: (216) 478-0507 Fax: (216) 514-3726

Thank you for the opportunity to be your lubricants provider. We are dedicated to providing high-quality products and excellent customer service. At this time we would like to provide you with some important information about our company.

Our normal lead time on deliveries is 2-3 business days. Orders received after 2:00 p.m. will be processed the next business day. We understand that emergencies do arise and we will try to meet your needs.

Northeast Lubricants' terms are net 30 days. We accept Checks, MasterCard, Visa and American Express. A convenience fee will be added to all orders paid for by credit card. All other payments should be sent to our office at: 4500 Renaissance Parkway, Cleveland, Ohio 44128.

Lastly, enclosed are the following forms to be filled out by you and returned to your appropriate salesperson at your earliest convenience.

1. Credit Application
2. Tax Exempt Form ***Naming Northeast Lubricants as the vendor***

Should you have any questions, please feel free to contact me at (216) 478-0507. We look forward to serving you and value your business.

Sincerely,

Northeast Lubricants Customer
Service Team



PLEASE SEND REMITTANCE TO:

NORTHEAST LUBRICANTS, LTD
4500 RENAISSANCE PARKWAY
CLEVELAND, OH 44128

TERMS: NET 30

PLEASE SEND ALL CORRESPONDENCE TO:

NORTHEAST LUBRICANTS, LTD.
4500 RENAISSANCE PARKWAY
CLEVELAND, OH 44128

NORTHEAST LUBRICANTS, LTD.
FEDERAL TAX I.D. #: 31-1507422

ANY QUESTIONS PLEASE CONTACT OUR OFFICE AT (216) 478-0507

NORTHEAST LUBRICANTS, LTD. (A division of Great lakes petroleum)
CREDIT APPLICATION - NORTH

APPLICANT INFORMATION (TO BE COMPLETED BY APPLICANT)

Company Name:		
Fed ID/SS#:	Phone:	FAX Phone:
Invoice Address:		
City:	County:	State & ZIP Code:
Email Invoices To:		
Email Statements To:		
Customer Contact Name:		
Delivery Address (Required) :		
City:	County:	State & ZIP Code:

NOTICE: IF YOUR APPLICATION FOR BUSINESS OR PERSONAL CREDIT IS DENIED, YOU HAVE THE RIGHT TO A WRITTEN STATEMENT OF THE SPECIFIC REASONS FOR THE DENIAL. TO OBTAIN A COPY OF THE STATEMENT, PLEASE CONTACT US WITHIN 60 DAYS FROM THE DAY YOU ARE NOTIFIED OF OUR DECISION. WE WILL SEND YOU A WRITTEN STATEMENT OF THE REASONS FOR THE DENIAL WITHIN 30 DAYS OF RECEIVING YOUR REQUEST FOR THE STATEMENT. THE FEDERAL EQUAL OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE (PROVIDED APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT), BECAUSE ALL OR PART OF THE APPLICANT'S INCOME IS DERIVED FROM ANY PUBLIC ASSISTANCE PROGRAM, OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING THIS CREDITOR IS THE FEDERAL TRADE COMMISSION, ECOA COMPLIANCE, WASHINGTON, DC 20581.

Bank Name:		
Bank Address:		Phone:
City:	State & ZIP Code:	FAX Phone:
Credit Reference Name:		
Credit Reference Address:		Phone:
City:	State & ZIP Code:	FAX Phone:
Credit Reference Name:		
Credit Reference Address:		Phone:
City:	State & ZIP Code:	FAX Phone:

Name of Person Responsible for Account (Required):

I UNDERSTAND TERMS FOR PAYMENT ARE NET 30 DAYS, UNLESS OTHERWISE SPECIFIED IN WRITING AND THAT ALL ACCOUNTS NOT PAID WITHIN TERMS ARE PAST DUE AND ARE SUBJECT TO A 1.5% PER MONTH FINANCE CHARGE (18% PER ANNUM) SUBJECT TO CHANGE WITHOUT NOTICE. ALL DELINQUENT ACCOUNTS MAY BE SUBJECT TO COLLECTIONS. APPLICANT AGREES TO PAY THE COSTS AND EXPENSES OF COLLECTION OF ANY AMOUNTS PAST DUE, INCLUDING FINANCE CHARGES, LEGAL EXPENSES, AND ATTORNEY FEES. AUTHORIZED SIGNER AGREES TO ACCOMPANYING TERMS AND CONDITIONS OF SALE. THE UNDERSIGNED UNCONDITIONALLY GUARANTEES THE FULL AND TIMELY PAYMENT WHEN DUE OF ALL THE OBLIGATIONS OF THE ABOVE-REFERENCED APPLICANT COMPANY DUE AND OWING TO NORTHEAST LUBRICANTS LTD.

Name:	Signature:	Date:
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SET-UP INFORMATION (TO BE COMPLETED BY SALES REPRESENTATIVE)

Sales Representative Name:		Phone:
Estimated Monthly Volume:		FAX Phone:
How did you hear about us? (Google, Yahoo, Bing, Referral)		

PRODUCT / SHIPPING / TAX INFORMATION

		For Office Use:	
Is Customer Tax Exempt? <i>(If Exempt, provide copy of Tax Exemption Certificate)</i>		Customer Class	
Credit Limit Requested?			

