

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 - SOUTH

APPLICANT	INFORMA	TION <i>(TO BE COMPL</i>)	ETED BY	APPLICAN	IT)		
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 OF THE SPECIFIC REASONS FOR THE THE DAY YOU ARE NOTIFIED OF OU. WITHIN 30 DAYS OF RECEIVING YOU CREDITORS FROM DISCRIMINATING SEX, MARITAL STATUS, AGE (PROV PART OF THE APPLICANT'S INCOME GOOD FAITH EXERCISED ANY RIGH COMPLIANCE WITH THIS LAW COND DC 20581.	HE DENIAL. T IR DECISION UR REQUEST G AGAINST C IDED APPLIC E IS DERIVEC T UNDER TH	O OBTAIN A COPY OF THE STAN. WE WIL SEND YOU A WRITTEN FOR THE STATEMENT. THE FE REDIT APPLICANTS ON THE BAS ANT HAS THE CAPACITY TO EN OFROM ANY PUBLIC ASSISTANC E CONSUMER CREDIT PROTECT	TEMENT, PLEA: I STATEMENT OF DERAL EQUAL SIS OF RACE, OF TER INTO A BII CE PROGRAM, OF TION ACT. THE	SE CONTACT US OF THE REASON OPPORTUNITY COLOR, RELIGIO NDING CONTRAC OR BECAUSE TH FEDERAL AGEN	WITHIN 60 DAYS FROM S FOR THE DENIAL ACT PROHIBITS N, NATIONAL ORIGIN, TT), BECAUSE ALL OR E APPLICANT HAS IN CY THAT ADMINISTERS		
Bank Name:							
Bank Address:				Phone:			
City:	State & Z	ZIP Code:		FAX Phone:			
Credit Reference Name:							
Credit Reference Address:				Phone:			
City:	State & Z	IP 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 PAYM ACCOUNTS NOT PAID WITHIN TE ANNUM) SUBJECT TO CHANGE W. PROCEDURES. APPLICANT AGREI FINANCE CHARGES, LEGAL EXPENCONDITIONS OF SALE. IN ANY C. DISCRETION OF GREAT LAKES PE COUNTY, GA. THE UNDERSIGNED OBLIGATIONS OF THE ABOVE-RE	RMS ARE PAITHOUT NOT SES TO PAY TAILS AND ADDITIONAL THROLEUM COUNCOIND TO THE PART OF THE	AST DUE AND ARE SUBJECT TO TICE. ALL DELINQUENT ACCO THE COSTS AND EXPENSES OF ATTORNEY FEES. AUTHORIZE BE APPLICANT CONSENTS TO CO., THE STATE COURTS OF E TIONALY GUARANTEES THE FU	O A 1.5% PER DUNTS MAY BE F COLLECTION D SIGNER AGI THE EXCLUSIV ITHER MECKL ULL AND TIME	MONTH FINAN SUBJECT TO (I OF AMOUNTS REES TO ACCOI JE JURISDICTIO ENBURG COUN' ELY PAYMENT W	ICE CHARGE (18% PER COLLECTIONS PAST DUE, INCLUDING MPANYING TERMS AND DN OF, IN THE SOLE TY, NC OR GWINNETT HEN DUE OF ALL THE		
Name: Signature:				Date:			
SET-UP INFORM	ATION (TO BE COMPLETED E	BY SALES	REPRESE	NTATIVE)		
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? (If Exempt, provide copy of Exemption Certificate)	of Tax		Customer Class				
Credit Limit Requested?							

EFT AUTHORIZATION

I (we) hereby authorize Northeast Luentries to my (our) account indicated below called FINANCIAL INSTITUTION, to debit to	and the financial ins	titution nar ount for	med bel	low, hereinafter
to my (our) account must comply with the p		it the origin		The first state of the state of
(Financial Institution Name)	(Br			
(Address)	(City)	(State)	(ZIP)	
	_ Type of Account:	Chec	cking	
(Routing Number) (Account Number)	-	Savir	ngs	
from me (or either of us) of its termination in FINANCIAL INSTITUTION a reasonable of (Print Name of Authorizing Individual)	pportunity to act on it.		-	JIMPAINT AIIU
(Signature of Authorizing Individual)	(E-Mail A	Address)		_

All written authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the manner specified in the authorization.

Single entry reversals do not require authorization by the Receiver. Therefore, previous recommended language regarding the initiation of possible credit entries is no longer stated in the authorization.

The underlined language in the authorization above represents the disclosure requirement associated with the clarification of OFAC economic sanction policies upon ACH Network Participants.