

HARPER OIL PRODUCTS, INC. PO BOX 6325 FLORENCE KY 41022 859-283-1001

PO BOX 6325 FLORENCE KY 41022

859-283-1001

FAX 859-283-9314

BUSINESS CONTACT INFORMATION

Company name:

Phone:

Fax:

E-mail:

Billing address:

City:

State:

ZIP Code:

Date established:

Federal ID:

Sole proprietorship:

Partnership:

Corporation:

Other:

Are sales tax exempt:

Exemption Number:

Anticipated Monthly Purchases:

DNB Number:

A/P Contact:

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account:

Account number:

Signature for Bank Privacy Act

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

AGREEMENT

In applying for credit with Harper Oil Products, Inc. the undersigned agrees that all invoices are due in accordance with the terms as agreed. A charge of one and half percent (1½%) interest per month will be charged on balances past due.

In giving this application, I/We give you permission to check references and information listed and authorize those listed to release to Harper Oil Products, Inc. information regarding their reference with the applicant(s) including bank balances, loan experiences, account balances, etc.; this Application may be retained whether or not it is approved and you are authorized to check credit and employment history and to answer questions about your credit experiences with me.

SIGNATURES

Title:
Date:

Title:
Date:

Harper Oil Products, Inc.
Electric Funds Transfer Authorization Agreement

Customer Name	Account Number	Phone Number
Mailing Address		Fax Number
City	State	Zip

_____ ("Customer") does hereby authorize Harper Oil Products, Inc., ("Company") to initiate debit and/or credit entries to customer's checking account indicated below for payment/refund of any debit incurred with Company and does further authorize the depository institution named below to debit/credit such entries to the

Customer's Account:

Bank Name	Branch		
Account Number	City	State	Zip
Routing & Transit Number	Bank Contact	Telephone Number	

This authority shall remain in effect until terminated upon 15 (fifteen) days written notice by either Customer or Company. Notice of termination shall in no way affect debit/credit entries initiated prior to actual receipt of notice.

All credit and other terms and requirements between Customer and Company remain in effect.

AUTHORIZED this _____ day of _____, 20_____

 CUSTOMER NAME

 SIGNATURE

 TITLE

P.O. Box 6326, 7976 Kentucky Drive, Florence, KY 41022-6326
Telephone Number: (859)283-1001 Fax: (859)283-9314



CERTIFICATION OF MOTOR FUELS NONHIGHWAY USE

See instructions on reverse side.

SECTION A

I hereby certify that motor fuels purchased from this date forward without payment of the Kentucky motor fuels tax is used exclusively for nonhighway purposes. The nonhighway use of this fuel is indicated below.

Gasoline

(1) Agricultural purposes (KRS 138.358(2))

_____ (Print) Kentucky Motor Fuels Tax Refund Permit Number

Special Fuels

(2) Personal residence (KRS 138.358(1))

_____ (Print) Purchaser's Driver's License Number

(3) Agricultural purposes (KRS 138.358(2))

_____ (Print) Kentucky Motor Fuels Tax Refund Permit Number

(4) Resident nonprofit religious, charitable or educational organization, or state or local government agency (KRS 138.358(3))

_____ (Print) Kentucky Sales and Use Tax Exempt Number

(5) Rail locomotive power and unlicensed company vehicles and equipment (KRS 138.240(2)(f))

_____ (Print) Kentucky Motor Fuels Tax Refund Permit Number

(6) Other nonhighway use in unlicensed vehicles and equipment (KRS 138.358(4))

_____ (Print) Kentucky Motor Fuels Tax Refund Permit Number

SECTION B *(Please print each item)*

Nonhighway use storage tank(s) located at:
(List each tank separately by fuel type—additional space provided on reverse for purchasers with multiple tanks.)

Gasoline Special Fuels

Tank Capacity

Street or Highway

City

State

ZIP Code

Exempt motor fuel purchased from:

_____ Name of Kentucky Licensed Motor Fuels Dealer

_____ Street or Highway

GL- _____

FL- _____

_____ Kentucky Motor Fuels Dealer License Number

City

County

State

ZIP Code

SECTION C

I acknowledge that any exempt motor fuels used for any purpose other than provided in this certification may result in imposition of applicable penalties provided by law. I understand that the individual or company for which this certification is executed will be liable for applicable tax, penalty and interest on such fuel.

_____ (Print) Name of Purchaser

_____ Signature of Purchaser or Authorized Company Representative

_____ Date Signed

This certificate shall remain in full force and effect until or unless revoked in writing.

