



Missouri Valley Petroleum
1722 Mandan Ave.
P.O. Box 1117
Mandan, ND 58554-1117
Credit Manager: 701-751-5918
Phone: 701-663-5091
Fax: 701-663-9445
Email: credit@mvpinc.net

MVP USE ONLY

Date Received: _____ by: _____
Credit Limit: _____ Terms: _____
Date Approved: _____ by: _____
MVP Account #: _____
Sales Representative: _____
Product: _____

Date: _____

Business Credit Application

Customer Billing Information:

Legal Name	_____
Trade Name	_____
Bill to Address	_____

Physical Address	_____
City/State/Zip	_____
County	_____

Customer Delivery Address (if different from Above)

Ship to Name	_____
Ship to Address	_____

City/State/Zip	_____
County	_____

(Please advise if there are any additional ship to locations.)

MVP, Inc. provides invoices via e-mail or fax.

Please complete information below:

Office Phone Number	_____
Fax Number	_____
A/P Contact Name	_____
A/P Ph#, Ext	_____
A/P Fax	_____
A/P Email	_____
Please Send My Invoice via: Fax _____ Email _____ Mail Only _____	
Documents Requested: Invoice _____ Pack List _____	

Bank Reference Information:

Bank Name	_____
Address	_____
City/State/Zip	_____
Ph/Fax Number	_____
Contact Name/Acct #	_____

Customer Business Information

Federal Tax ID#	_____
Years in Business _____ # Employed _____	
Type of Business?	_____
PO required? y / n Blanket PO #	_____
Incorporated _____ Proprietorship _____ Partnership _____	
Tax Status? Taxable _____ Tax Exempt _____	
(If Tax Exempt, attach form or we must bill tax.)	
Purchasing Contact	_____
Purchaser's Ph#	_____
Purchaser's E-Mail	_____
Estimated Monthly Purchases - \$	_____
Credit Limit Requested	_____
Product Purchased:	_____

Ownership Information

(Social Security number necessary.)

Name/Title	_____
Address	_____
Soc Sec#	_____
Name/Title	_____
Address	_____
Soc Sec#	_____

Major Trade Reference Information:

Company Name	_____
Contact Name/Title	_____
Phone/Fax Number	_____
Company Name	_____
Contact Name/Title	_____
Phone/Fax Number	_____
Company Name	_____
Contact Name/Title	_____
Phone/Fax Number	_____

Name _____	Title _____	Phone # of Person Filling Out Application _____
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CREDIT PARAMETERS

MVP, Inc. reserves the right to amend or change credit application requirements and customers' terms based on business climate and customer performance.

The Company will deliver products and provide services to customers on credit if their credit application is approved. The following procedures will be followed:

All customers will complete a Credit Application. The Credit Application must include the following information:

- Shipping address
- Mailing address
- Business phone numbers (fax included)
- Federal ID Number (and/or) Social Security Number of principal
- E-mail address
- A minimum of three (3) - current petroleum products suppliers and/or local trade references with contact information
- Accounts Payable contact information
- Requested credit limit
- List of Company/Corporate Officers and Authorized Signatures
- Signed authorization for direct payment form
- Irrevocable Letters of Credit or Collateral may be required

For all **Transport** customers, EFT method of payment is **required**.

The customer will be notified one (1) day prior to activation of a specific draft either by e-mail (preferred) or fax.

Incomplete applications will be denied and returned to your sales representative or destroyed. If credit is denied, a "denial of account" notice will be sent to the customer's sales representative.

COLLECTION PROCEDURES

All Payments due by the 10th of the following month.

Fees and Other Charges: Finance charges of 1.5% per month may be added to balances not paid within the specified terms. Any fuel deliveries less than 100 gallons are subject to a \$75.00 charge. A **\$30.00** fee will be charged for each returned check. A **\$125.00** fee will be charged for each returned or delayed EFT payment. If two (2) returned checks or drafts are received marked NSF, the only method of payment available to the customer will be C.O.D. and payment must be in the form of a cashier's check.

We/I have made the above statements for the purpose of obtaining credit. We/I certify that the statements are true and authorize you to make a credit investigation. We/I agree to pay a late charge of 1.5% per month (18% per year) on any balance not paid within terms. If MVP, Inc. must use an attorney or collection agency to collect any overdue amount from the customer and/or guarantors, customer and each guarantor agree to pay reasonable attorney fees and the cost of collection incurred by MVP, Inc. which the parties hereby fix at 25% of any balance due, plus court costs.

I HAVE READ, UNDERSTAND AND WILL ABIDE BY THESE TERMS AND CONDITIONS AND AGREE TO PAY ALL INVOICES WITHIN THE TERMS SPECIFIED .

Please Remit Payments to: MVP, Inc. P.O. Box 1117, Mandan, ND 58554-1117

MVP, Inc. can receive ACH or other electronic payments and will supply our bank transfer information upon request.

Must be signed by a Company Owner or Corporate Officer

Printed Name

Date

Authorized Signature

Title



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AUTHORIZATION FOR DIRECT PAYMENT

I authorize Missouri Valley Petroleum, Inc. and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect unless I notify you in writing to cancel. I can stop payment of any entry by notifying my financial institution before my account is debited.

Name of Financial Institution

Street Address

City

State

Zip Code

Financial Institution Routing Number

Account Number

Please circle: Checking or Savings

Business Name

Street Address

City

State

Zip Code

Signature of person authorizing EFT withdrawal (**Must be signed**)

Date

Name and title of person above - please print

Name of person to receive email fuel invoices - please print

Email address of person to receive email fuel invoices

Phone number of person to receive email fuel invoices

Include Lube Invoices on EFT draft program: **YES NO**



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INFORMATION AND INSTRUCTIONS FOR UTILIZING ELECTRONIC FUNDS TRANSFER (EFT)

- **Complete the enclosed Authorization for Direct Payment** to authorize automated electronic drafting of payments from your company's bank account.
- **Fax Authorization for Direct Payment form to Kim Wilke at MVP, Inc. 701-663-9445.**
- Invoices will be sent upon delivery and will serve as notice of EFT draft on due date.
- Please **notify us of any invoice discrepancies as soon as possible** so adjustments can be made prior to EFT draft on due date.
- **EFT drafting is required for fuel invoices only.** If you also wish your lubricant invoices to be drafted EFT, indicate on the bottom of the Authorization for Direct Payment Form by circling "YES".
- **Questions?** Please call Kim Wilke at 701-663-5091.



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PERSONAL GUARANTY

The undersigned waives presentment, protest and notice of dishonor or default, notice of acceptance of the guaranty, notice of extensions of credit or other actions taken in reliance hereon, and all demands and notices of any kind in connection with this guaranty or the indebtedness. MVP, Inc. without notice of any kind, may sell, assign, or transfer any of the indebtedness to a third party, and in such event, each successive assignee, transferee or holder of any of the indebtedness shall have the right to enforce this guaranty for the benefit of such assignee, transferee, or holder. This guaranty shall be binding on the heirs, legal representatives, successors and assigns, of the undersigned and shall inure to the benefit of MVP, Inc. its successors, and assigns. Should the undersigned make any payment or performance, all rights of subrogation against the Account Debtor are expressly waived to the fullest extent provided by law.

Address _____ City _____ State _____ Zip _____

Phone _____ Date _____

Printed Name

Authorized Signature (**Must be signed**)

Printed Name

Authorized Signature (**Must be signed**)



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SECURITY AGREEMENT

An immediately vested security interest is hereby granted in favor of MVP Inc., ("Secured Party"), to secure the obligations of Account Debtor to Secured Party, in all inventory, accounts, general intangibles, payment intangibles and equipment owned by Account Debtor, to include such property acquired after the date hereof and to include all accessions to, replacement, product and proceeds thereof, with Secured Party having the authority to file and continue any Financing Statement it wishes to file. In the event of a default with respect to any such obligations of the undersigned Account Debtor, Secured Party shall have the right to take immediate and exclusive possession of any of the foregoing, to include without limitation Petroleum Equipment and/or Petroleum Product or any part thereof, and for that purpose, with or without judicial process or notice to the Account Debtor to the fullest extent allowed by applicable law. Secured Party shall have the right to hold, maintain, preserve and prepare the above - referenced property for sale and sale of same to apply toward satisfaction of Account Debtor obligations to Secured party.

Must be signed by a Company Owner or Corporate Officer

Printed Name

Date

Authorized Signature

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**STATE OF NORTH DAKOTA
DEPARTMENT OF FINANCE AND ADMINISTRATION SALES
AND USE TAX SECTION**

**EXEMPTION CERTIFICATE
(ACT 391 of 1997)**

I hereby certify that I either hold or am the authorized representative of the holder of North Dakota Sales/Use tax Permit Number _____, or that I am a nonresident purchaser or the authorized representative thereof and hold a similar permit issued by the State of _____, Number _____, that this is a current and valid permit number; and that I am exempt from sales and use tax on the tangible personal property purchased from MVP, Inc.

I further certify that if any tangible personal property purchased exempt under this certificate is withdrawn from stock or otherwise used, that I will report the tax due under North Dakota Sales/Use Tax Law and Regulations.

Description of the merchandise to be purchased: (Please give a specific identification of items purchased. If needed, an additional statement may be attached hereto.) _____

The merchandise purchased is exempt for the following reason: _____

Purchaser's business: _____

Must be signed by a Company Owner or Corporate Officer

X _____
Purchaser's Signature

Purchaser's Business Name (as stated on permit)

Title/Position with Company

Address

City, State, Zip

Date

NOTICE TO VENDOR: THIS EXEMPTION CERTIFICATE MUST BE ACCEPTED BY YOU IN GOOD FAITH. THIS MEANS THAT YOU CANNOT ACCEPT THIS CERTIFICATE AS A BASIS FOR ALLOWING THE PURCHASER TO BUY ITEMS TAX-FREE IF YOU HAVE ACTUAL KNOWLEDGE THAT THE PURCHASER IS NOT ENTITLED TO AN EXEMPTION ON THE ITEMS PURCHASED OR IF THERE IS OTHER INFORMATION THAT WOULD SUGGEST THAT THE PURCHASER IS NOT ENTITLED TO CLAIM AN EXEMPTION. IF YOU DO NOT ACCEPT THIS CERTIFICATE IN GOOD FAITH, YOU MAY BE HELD LIABLE FOR SALES TAX ON THE SALE OF THE ITEMS.