

Please download this application, and upon completion email to Credit@HightowersPetroleum.com

Credit Application

Contact Information					Billing Information					
Contact Name					AP Contact					
Company					Company					
Address					Address					
Phone			Fax		Phone			Fax		
Email					Email					
General Company Information										
Principal Officer				Title						
Fed ID #		D&B #		Year Company Started			Annual Sales			
Legal Structure (Corp, LLC, Sole Proprietor)				Geographically what are your requirements?						
Card Details										
What is your current annual spend for Mastercard?		What is the average monthly spend on Fleet, T&E, Purchasing?			What is your estimated annual spend for MasterCard?					
Current card you are using?		Current card system?			How many cards will you need?					
Expected card usage (fuel, fuel plus, corporate, etc)		Will the cards be issued to the driver or the vehicle?			What type of vehicle? (car, truck, ambulance)					
Financial Information										
Requested Credit Amount \$					(If over \$50,00 please attach 2 years of audited financials)			Estimated # of Transactions/Mo		
Fueling Details										
Estimated Annual Gallon Usage:		Diesel		Gasoline		CNG		DEF		
Trade References										
Company		Contact		Address		City State ZIP		Phone		Email
Signature & Authorization										
<p>The signature below represents and warrants that (a) the party signing below is an authorized representative of the company; and (b) that the information provided herein is a complete and accurate representation of the company's financial position as of the date hereof. Any misrepresentation or fraudulent information provided will be the basis for default under this agreement. I give my authorization for Hightowers Petroleum Company or designee to check the references listed in either its application and/or on the attachment. I agree to HPC's General Terms and Conditions for HPC fleet card program attached hereto.</p>										
Signature					Date					
Print Name					Title					



3577 Commerce Drive, Middletown, OH 45005 Phone: (513) 423-4272 Fax: (513) 423-5750
www.hightowerspetroleum.com

ABSOLUTE AND UNCONDITIONAL PERSONAL GUARANTY

In order to induce Hightowers Petroleum Company to extend credit to the applicant, the undersigned, jointly and severally, agree to unconditionally guarantee to Hightowers Petroleum Company the full and prompt payment when due of all indebtedness including the balance on the account plus all service charges (if applicable). This is a guarantee of payment and not of collection and the undersigned agrees that nothing except full payment of all the indebtedness shall operate to discharge the undersigned's liability. The undersigned unconditionally and irrevocably waives each and every defense under the principles of guarantee or suretyship law which would otherwise operate to impair or diminish the undersigned for the indebtedness.

I _____ hereby personally guarantee the
Print Name (without title)

obligations of _____ to Hightowers Petroleum Co.
Name of Applicant Company

Signature: _____ Date: _____

Social Security Number: _____

Address

City, State, Zip



Electronic Funds Transfer Authorization Agreement

Contact Information		Billing Information	
Contact Name		AP Contact	
Company		Company	
Address		Address	
Phone	Fax	Phone	Fax
Email		Email	
Federal ID Number			

Bank Information

Bank Name	Address	Type of Account
Contact Name	Phone	Email
Account Number	Routing Number	

Signature & Authorization

I authorize Hightowers Petroleum Company access to the above account in order to electronically draft or deposit funds in accordance with our contractual obligations. Further, I certify that the above information is correct and that this account is a business account used solely for business purposes. I agree and acknowledge that Hightowers Petroleum Company shall not be liable for any consequential or incidental damages. I also agree to provide a ten (10) day written notice to Hightowers Petroleum Company prior to revoking this authorization.

Signature		Date	
Print Name		Title	

Form W-9
 (Rev. October 2018)
 Department of the Treasury
 Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ </p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p> <input type="checkbox"/> Other (see instructions) ▶ _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <hr/> <hr/>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
-				-					
or									
Employer identification number									
-				-					

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 for Part II, later.

Sign Here

Signature of U.S. person ▶

Date ▶

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.