



Missouri Valley Petroleum
 1722 Mandan Avenue
 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:	_____ MVP Acct: _____
Terms:	Net _____ EFT _____
Date Approved:	_____ by: _____
Sales Representative	_____
Oil Code	_____ Farm Code _____
Products:	<input type="checkbox"/> LP <input type="checkbox"/> DSL CLR/DYED <input type="checkbox"/> UNL
	<input type="checkbox"/> 87 OXY <input type="checkbox"/> BTL RTE <input type="checkbox"/> RETL <input type="checkbox"/> FUEL/LP
	TANK <input type="checkbox"/> TRANS

Date Submitted: _____

Business Credit Application

(Mark All That Apply)

Customer Billing Information

Legal Name _____
 Trade Name _____
 Bill To Address _____

 Physical Address _____
 City/State/Zip _____
 County _____

Customer Delivery Address

Ship To Name _____
 Ship To Address _____

 City/State/Zip _____
 County _____

(Please note additional Ship To locations if needed)

A/P Contact Information

Office Number _____
 Fax Number _____
 A/P Contact Name _____
 A/P Ph#, Ext. _____
 A/P Email _____
 A/P Fax _____
 Do You Pay From: Statement Invoices
 Send Copies Via: Mail Email
 PO Required? Y N Blanket PO? _____

Major Trade References

Company Name _____
 Contact Name/Title _____
 Phone #/Email _____

 Company Name _____
 Contact Name/Title _____
 Phone#/Email _____

 Company Name _____
 Contact Name/Title _____
 Phone#/Email _____

Customer Business Information

FEIN# _____ DUNS# _____
 Years in Business _____ # Employed _____
 Type of Business? _____
 Incorporated Proprietorship Corporation LLC
 Tax Status? Taxable Tax Exempt
 (If Tax Exempt, include tax cert or we must bill tax)

Purchasing Contact _____
 Purchasers Ph# _____
 Purchasers Email _____

Estimated Monthly Purchases - \$ _____
 Credit Limit Requested _____
 Products Purchased _____
 Kickback Card# _____

Ownership Information

(Owners if proprietorship or partnership – officers if corporation, or LLC)

Name _____
 Title _____
 Phone Number _____
 Name _____
 Title _____
 Phone Number _____
 Name _____
 Title _____
 Phone Number _____

Bank Information

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

Information of Person Completing Application

Name _____
 Title _____
 Phone Number _____



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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.

MVP will deliver products and provide services to customers if their credit application is approved. All customers must complete a Credit Application that includes the following information:

- Shipping address
- Mailing address
- Business phone numbers (fax included)
- FEIN# and DUNS#(If applicable)
- Email address
- Minimum of three (3) current trade references
- Accounts Payable contact information
- Requested credit limit
- List of Company/Corporate Officers
- Signature of Authorized Signatures
- Signed authorization for direct payment form**
- Irrevocable Letters of Credit/Collateral(If required)

**All Transport accounts require EFT as the method of payment. (Direct payment authorization form MUST be submitted)

Incomplete applications will be denied or returned to your sales representative or destroyed. If credit is denied, a credit department representative will contact you directly to inform you of the denial.

COLLECTION PROCEDURES

(Initials)

**ALL PAYMENTS ARE DUE BY THE 10th OF THE FOLLOWING MONTH UNLESS OTHER TERMS HAVE BEEN ARRANGED.

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 charges 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 returned 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 the credit investigation. We/I agree to pay a late charge of 1.5% per month(18% per month) 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.

Claims arising from invoices must be made within 7 working days.

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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MVP USE ONLY	
EFTT:	_____
Approved By:	_____
End User	_____ Resale _____
Pricing	_____

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. (Please be sure to keep a copy for yourself)
- **Fax or Email Authorization for Direct Payment form to Kim Wilke at MVP, INC. at 701.663.9445 or credit@mvpinc.net.**
- Invoices will be sent upon delivery and will serve as notice of EFT draft on due date.
- Please **notify us of any invoice discrepancies within 7 working days** so adjustments can be made prior to EFT draft on due date.
- **EFT drafting is required for transport invoices only.** If you also wish your lubricant invoices to be drafted EFT, indicate on the bottom of this form by circling yes.
- **Questions?** Please call Kim Wilke at 701.663.5091

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 credited.

Financial Institution

Bank Name:	
Street Address:	City/State/Zip:
Routing Number:	Account Number:

Business Information

Company Name:	
Street Address:	City/State/Zip:
Signature of Person Authorizing EFT Withdrawal:	Date:
Name & Title of Person Above(Please Print):	
Person to Receive Invoice Emails:	
Email:	Phone#:

Include Lube Invoices on EFT draft program: ___Yes ___No



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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 extension 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 undersign 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 Number

Printed Name

Printed Name

Authorized Signature(Must be Signed)

Authorized Signature(Must be Signed)

Date

Date



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SECURITY AGREEMENT

An immediately vested 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 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 Financial Statement it wishes to file. In the event of a default with the respect to any 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

Title



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

**EXEMPTION CERTIFICATE
 (ACT 319 OR 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 similar permit issues by the State of _____, Number _____, that 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 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 Company Owner or Corporate Officer

 Purchases Business Name(As stated on permit)

 Purchaser's Signature

 Address

 Title/Position with Company

 City/State/Zip

 Date

NOTICE TO VENDOR: THIS EXEMPTION CERTIFICATE MUST BE EXCEPTED BY YOU IN GOOD FAITH. THIS MEANS 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.