

**PIPELINE TRANSPORTATION
P.O. Box 26325
JACKSONVILLE, FLORIDA
PHONE: (904) 272-9548 FAX: (904) 272-4109**

CREDIT APPLICATION AND AUTHORIZATION TO SELLER

<hr/> (F.E.I. Number) <hr/>	<hr/> (Sales Tax Number) <hr/>
<hr/> (Tank Registration Number)	
SHIP TO:	BILL TO:
<hr/> Buyers Name	<hr/> Address
<hr/> (dba) Trade Name	<hr/> City, State, Zip Code
<hr/> Address	<hr/> () () Phone Number Fax Number
<hr/> City, State, Zip Code	<hr/> To The Attention Of
<hr/> Business Facts - Proprietorship _____ Corporation _____ Partnership _____	
Length of Time at Present Location _____ Previous Location _____	
(Years)	<hr/> Street Address
	<hr/> City, State, Zip Code

Estimate Monthly Sales Purchases \$ _____ Does Customer Own Premises _____
Yes/No

UPON SELLER'S GRANTING CREDIT TO THE CUSTOMER, THE SELLER AND CUSTOMER AGREE (1) CUSTOMER TO PAY ALL COSTS OF COLLECTION INCLUDING REASONABLE ATTORNEYS FEES IF ACCOUNT PLACED FOR COLLECTION WITH COUNSEL AFTER DEFAULT IN PAYMENT, (2) A SERVICE CHARGE OF 1.5% PER MONTH PAST DUE ACCOUNTS, (3) CUSTOMER SUBMITS TO THE JURISDICTION OF THE COURTS OF FLORIDA, WHOSE LAWS SHALL GOVERN THIS AGREEMENT, AND (4) VENUE FOR ANY ACTION OF THE SELLER HEREON SHALL BE IN CLAY COUNTY, FLORIDA OR ANY OTHER COUNTY SELLER DESIGNATES.

Complete the following information for all corporate officers, partners, or individual proprietors.

<hr/> (Name and Title)	<hr/> (Name and Title)
<hr/> (Home Address)	<hr/> (Home Address)
<hr/> (City, State, Zip Code)	<hr/> (City, State, Zip Code)
<hr/> /	<hr/> /
(Home Phone No./Social Security No.)	(Home Phone No./Social Security No.)
COMPANY	
BANKING _____ ACCOUNT NO _____ BANK OFFICER _____	
(Bank Name)	
<hr/> (Address)	<hr/> (City) (State) (Zip Code) (Phone No.)

TRADE REFERENCES: (Preferably Local)

1. _____
(Name) (Address) (Phone No.) (Fax)
2. _____
(Name) (Address) (Phone No.) (Fax)
3. _____
(Name) (Address) (Phone No.) (Fax)

AUTHORIZATION

Customer authorizes Seller to obtain credit information on Customer from the above shown Trade References and Bank and hereby authorizes them to disclose to Seller credit and financial information on the Customer.

CUSTOMER AGREES TO THE ABOVE

(Customer's Name)

Dated: _____, 200__.

By: _____
(Name and Title)

AUTHORIZATION TO RELEASE INFORMATION

Gentlemen:

I have made application to Clay Oil Corporation to open a charge account with them.

I have named you as a reference on my application and request that you release and forward as soon as possible and all information concerning my account to Clay Oil Corporation for use in connection with my charge account application.

Photocopies of this letter may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this letter, it should be treated as an original and the requested information be released.

Signature

Account #

Date