



COMMERCIAL CUSTOMER APPLICATION CHECKLIST

- Completed Customer application
- Financial Statements or taxes of Owner if business is less than 2 years old
- Current Certificate of Good Standing from State of Organization



CUSTOMER APPLICATION AND AGREEMENT

INSTRUCTIONS: Complete all fields:

Legal Entity Name: _____ ("Customer") Federal Tax ID (FEIN): _____ DUNS #: _____
Trade Name (if any): _____ Year Established: _____ Net Worth: _____ No. of Employees: _____
Name & Address of Parent Company (if any): _____ State _____ Type of Business: _____
Billing Address: _____ City: _____ State: _____ Zip: _____
Physical Address (no PO Boxes): _____ City: _____ State: _____ Zip: _____
Are you Tax Exempt? Yes No If YES, attach Exemption Certificate State Tax ID No. _____
Estimated Monthly Fuel Usage: _____ Estimated Credit Limit: _____

OWNER(S) OR PARTNER(S) INFORMATION - ATTACH ADDITIONAL SHEETS IF NECESSARY

Last Name: _____ First Name: _____ MI _____
Residence Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (_____) _____ - _____ Cell: (_____) _____ - _____ E-mail: _____
Title: _____ Ownership %: _____ Period of Ownership: _____

*Attach Additional Information for Other Owners or Partners (if any)

Have you or any officers of the Customer transacted any business with JRS? Yes No

If YES, please furnish the name of the company and the date: _____

BUSINESS CREDIT REFERENCES - PREFER LOCAL OPEN ACCOUNTS*

1) Company Name: _____ Contact Name: _____ Ph: _____
Street Address: _____ City: _____ State: _____ Zip: _____
2) Company Name: _____ Contact Name: _____ Ph: _____
Street Address: _____ City: _____ State: _____ Zip: _____
3) Company Name: _____ Contact Name: _____ Ph: _____
Street Address: _____ City: _____ State: _____ Zip: _____

*Customer authorizes James River Solutions, ("JRS") to (a) contact the credit references to obtain information related to Customer's accounts, (b) obtain information regarding Customer's credit history from any commercial or consumer reporting agency or trade organization, and (c) release information regarding Customer's account with JRS to such credit references and reporting agencies.



BANK ACCOUNT INFORMATION

Customer Name (As shown on Bank Account): _____

Customer Address: _____ City: _____ State: _____ Zip: _____

Primary Accounting Client _____ Ph: (____) ____ - _____ Email: _____

Bank Name: _____ ("Bank") Bank Contact: _____

Bank Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) ____ - _____ Fax (if available): (____) ____ - _____

Customer's Bank Account No: _____ Bank Routing Transit No (ABA): _____

CREDIT TERMS AND AGREEMENT

The following payment terms shall apply for this Agreement:

- If JRS extends credit to Customer, then Customer agrees the payment terms will be Net 10 unless stated otherwise in writing.
- All payments are due at: 10487 Lakeridge Parkway, Suite 100, Ashland, Virginia 23005.
- Customer agrees to pay interest charges of 1.5% per month on all past due amounts (computed from the due date of each invoice), a handling or administrative charge for each returned payment, and any collection costs including reasonable attorney's fees.
- Customer grants to JRS a purchase money security interest in all products purchased or received and any proceeds therefrom. JRS is authorized to take any action to perfect its purchase money security interest in accordance with applicable law.
- Customer certifies that the information provided herein is true, correct and complete and that no relevant information has been omitted. Customer agrees to pay for all products and services ordered, and any applicable fees, upon extending any credit agrees to JRP's credit policies, and as such policies may change from time-to-time in JRP's sole discretion. Customer further agrees that the City or County where JRP's corporate office resides shall be the proper venue for any action brought pursuant to this Agreement.
- Pending the results of a credit check additional security may be required.
- Customer hereby agrees to these terms and conditions.
- The following Addenda is hereby incorporated into this Customer Application and Agreement (check applicable boxes):
 - EFT Authorization – Addendum
 - Executed Tank Lease Agreement – Addendum
 - Other (specify): _____

The Agreement shall become effective as of the Acceptance Date listed below.

Customer Name: _____

Signature: _____

Print Name: _____

Title: _____

Date: _____



ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION ADDENDUM

Customer Name (As shown on Bank Account): _____
Customer Address: _____ City: _____ State: _____ Zip: _____
Primary Accounting Client _____ Ph: (____) ____ - _____ Email: _____
Bank Name: _____ ("Bank") Bank Contact: _____
Bank Address: _____ City: _____ State: _____ Zip: _____
Phone: (____) ____ - _____ Fax (if available): (____) ____ - _____
Customer's Bank Account No: _____ Bank Routing Transit No (ABA): _____

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

I _____ (authorized individual's name) authorize the above-referenced Bank to release information regarding my account to James River Solutions("JRS").

EFT TERMS AND CONDITIONS

The Customer listed above hereby authorizes JRS (and its affiliates) to originate debit and credit entries to the Customer's account with the Bank listed above and the Bank to accept and to debit and/or credit the amount of such entries to the Customer's account. All debit and credit entries as well as electronic funds transfers will be initiated by and payable to JRS through their current banking institution.

Cancellation of this authority shall occur thirty (30) days after JRS and the Bank shall have received written notification, via certified mail, from the Customer to terminate such authorization granted herein.

Funds will be drafted on the date due. If the date due falls on a Saturday or Sunday, the account will be drafted on the previous Friday. If the date due falls on a banking holiday, the account will be drafted the business day before the holiday.

The Customer understands that drafts or transfer requests will only be honored if sufficient funds are available in Customer's pre-designated checking account. The Customer agrees that in the event funds are not available, the account may revert to cash-on-delivery status and an insufficient funds charge will be charged to the Customer.

The Customer agrees that if any debit or credit entry initiated by JRS is incorrect, Customer shall immediately notify JRS of the same and JRS will promptly research and rectify any incorrect charges and make any necessary refunds or additional debits or credits to reflect the proper amount due. The Customer agrees that JRS' sole liability shall be to correct the charge and refund any amount due and shall have no liability to Customer for any other damages, which may result from any errors with drafting funds.

The Customer understand and agrees that this EFT Agreement will become effective as soon as necessary banking network pre-authorizations are verified and operational.

EFT Authorization – Customer:

Signature: _____

Name: _____

Title: _____

Date: _____



COMPANY CONTACT INFORMATION

If there are different contacts for multiple delivery locations, please provide each contact for their respective location

Department	Contact Name	Contact Phone Number	Contact Email
Accounts Payable			
Delivery			
Emergency Contact			