

W. B. MCCARTNEY OIL COMPANY, INC.
P. O. BOX 1200
JENA, LA 71342
(318) 992-4186
FAX (318) 992-4189

APPLICATION FOR LINE OF CREDIT

Customer Name _____
Physical Address _____
City _____ State _____ Zip _____
Billing Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____ Email _____
Account for () Individual () Corporation () Other _____
Federal ID No. or SS No. _____ Dun & Bradstreet No. _____
Kind of Business _____ Length of Time in Business _____

NAMES OF OWNERS, PARTNERS OR OFFICERS

Name & Title _____	Name & Title _____
Home Address _____	Home Address _____
City/State/Zip _____	City/State/Zip _____
Home Phone _____	Home Phone _____
Social Security No. _____	Social Security No. _____
Drivers License No. _____	Drivers License No. _____

BANK REFERENCES

Name _____ Address _____ Officer _____
Name _____ Address _____ Officer _____

CREDIT REFERENCES (vendors you purchase from monthly)

Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____

TERMS: All invoices are due and payable IN FULL on or before the 10th of the month following the invoice date. All invoices not paid by the end of the month will be considered past due. A monthly finance charge of 1.5% (annual rate 18%) will be applied to the entire balance of the account. Also liable for all legal and collection fees. Your signature acknowledges that you understand and agree to the credit terms as stated. Your signature also authorizes the release of credit information on all principals listed from banks, credit references, and credit reporting agencies.

Signed By _____ Title _____ Date _____

CONTINUING GUARANTY

The undersigned ("Guarantor") in consideration of the extension of credit to _____ ("Customer") by W. B. McCartney Oil Company, Inc. indebtedness, plus all interest, attorney's fees and charges of whatever nature and kind, whether due or to become due and whether now existing or hereafter existing by the Customer to McCartney as well as the guarantee of the performance of all obligation of the Customer to McCartney, further agreeing to be bound by all the terms and conditions set forth in the Application for Line of Credit hereinabove set forth. This Continuing Guaranty shall continue in full force and effect for so long as the Customer is indebted to McCartney.

Witness: _____ Guarantor: _____

Date: _____



W. B. McCartney Oil Company, Inc.

P.O. BOX 1200
JENA, LOUISIANA 71342-1200
OFFICE PHONE (318) 992-4186
FAX (318) 992-4189

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER

CUSTOMER NAME: _____ **TAX ID NUMBER** _____

ADDRESS: _____

Customer hereby authorizes W.B. McCartney Oil Co., Inc. to initiate debit and credit entries to customers checking account at the bank indicated below ("Bank") and further authorizes Bank to so debit or credit such account.

BANK NAME: _____ **BRANCH:** _____

ADDRESS: _____ **PHONE NO:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

BANK TRANSIT/ABA # _____ **ACCOUNT #:** _____

Customer has the right to stop payment of a debit entry by notification to Bank prior to Bank's charging of such account. If an erroneous debit entry is initiated by W.B. McCartney Oil Co., Inc., customer will notify W.B. McCartney Oil Co., Inc. of such entry and upon notification and verification, W.B. McCartney Oil Co., Inc., will make the necessary adjusting entry in a timely manner.

This authorization may be terminated upon thirty (30) days prior written notice from customer to W.B. McCartney Oil Co., Inc. Notice of termination shall in no way affect entries initiated prior to actual receipt of notice.

Executed this _____ day of _____, 20____.

By _____

Printed Name: _____

Title: _____

(PLEASE INCLUDE A VOIDED BLANK CHECK OR DEPOSIT SLIP)

Plases return original form to above address.

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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	2 Business name/disregarded entity name, if different from above		
	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.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	<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		
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ 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.		
	<input type="checkbox"/> Other (see instructions) ▶ _____		
	5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name and address (optional)
6 City, state, and ZIP code			
7 List account number(s) here (optional)			

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.

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.

Social security number	
[] [] [] []	- [] [] - [] [] [] []
OR	
Employer identification number	
[] [] [] []	- [] [] [] [] [] [] [] []

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.*