

New West Oil Company LLC – Credit Application
Customer Set-up Information

Company Name: _____

Billing Address: _____

City: _____ **St** _____ **Zip** _____

TAX INFORMATION: Please complete and sign the enclosed W-9 and Form 5000 TPT Exemption Certificate

CUSTOMER CONTACT INFORMATION: To ensure your account is set up with the proper contacts.

	PURCHASING CONTACT	ACCOUNTING CONTACT <i>(For receiving and paying invoices)</i>	OTHER
Name:			
Phone:			
Fax:			
Email:			
Address:			

SHIP TO INFORMATION:

Please provide us with your ship to information. If you have more than 3 Delivery Locations, please attach to a separate sheet of paper.

	Address	City	State	Zip
Ship to 1				
Ship to 2				
Ship to 3				

ELECTRONIC INVOICES: In an effort to improve the timeliness of Invoices and to reduce the amount of paper printed and mailed, by checking this box you agree to receive your invoices from New West Oil at the email address above.

STATEMENTS: Yes, my company requires monthly statements. **Please specify:** Email, or Fax
Note: Monthly statements are sent out by request only, based on this election.

EFT/ACH: Yes I would like to receive an Electronic Funds Transfer Authorization form to allow New West Oil Company to debit my account automatically.