

Dear Prospective Customer:

Best Line Oil, Inc. and its affiliated companies are required by Federal and State law to collect taxes unless you provide us with the proper exemption certificates. Please submit copies of all exemption certificates and return with your credit package.

Sincerely,

Best Line Oil, Inc.

Best Line Oil Co., Inc.  
219 N. 20<sup>th</sup> Street  
Tampa, FL 33605  
813-248-1044 Phone  
813-248-7824

### CREDIT APPLICATION

Thank you for your business. Our standard credit procedures require that we request the following information in order for us to put you on an open credit system. When credit is confirmed, we may require a deposit equal to one month's charges before the account is opened.

Company: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Federal ID #: \_\_\_\_\_

Tax # (If Exempt): \_\_\_\_\_ (Exemption Certificate Required)

Type of Business:  Contractor  Subcontractor  Partnership  Corporation

Individual  Other \_\_\_\_\_ Years in Business \_\_\_\_\_

Principal Owners:

1) \_\_\_\_\_  
Name Title Phone

2) \_\_\_\_\_  
Name Title Phone

Trade References:

1) \_\_\_\_\_  
Name Phone Number Fax Number Contact  
Address City State Zip

2) \_\_\_\_\_  
Name Phone Number Fax Number Contact  
Address City State Zip

3) \_\_\_\_\_  
Name Phone Number Fax Number Contact  
Address City State Zip

Bank References:

1) \_\_\_\_\_  
Name Phone Number Fax Number Contact  
Address City State Zip

Account Type: \_\_\_\_\_ Account Number: \_\_\_\_\_

2) \_\_\_\_\_  
Name Phone Number Fax Number Contact  
Address City State Zip

Account Type: \_\_\_\_\_ Account Number: \_\_\_\_\_

Customer agrees to Credit Terms; statements due and payable within 10 days of receipt, unless alternative Credit Terms are authorized in writing. Balances outstanding after 30 days are subject to 1.5% per month interest.

Applicant agrees to pay any and all collection costs incurred to collect the account balance including court costs, collection fees and attorney's fees.

As an inducement to grant credit, the undersigned also agrees to the need for verification of all information on this application and authorizes and releases all banks, businesses and persons identified on this application to furnish any and all information requested by Best Line Oil Co., Inc., or its affiliated companies. The undersigned authorizes release of such information by the signature below.

I certify that the above information is true and correct. The information is to be used only for the opening of an account. The undersigned for consideration do hereby guarantee collectively the full and immediate payment to Best Line Oil Co., Inc. or its affiliated companies of all indebtedness heretofore and hereafter incurred for the purchase of materials supplied to the above mentioned company. This guarantee shall not be affected by the amount of credit extended or any change in the form of said indebtedness. This does not revoke the obligation to the guarantors to provide for prompt payment for indebtedness incurred.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Printed Name

In the event of a default in payment by the applicant, corporation or entity, the undersigned personally and unconditionally guarantees payments of all amounts owing to Best Line Oil Co., Inc. or its affiliated companies as the result of credit extended to the applicant. The amounts to include all reasonable costs of collection, including attorney's fees.

Signature: \_\_\_\_\_ Social Security No. \_\_\_\_\_

\_\_\_\_\_ Driver's License No. \_\_\_\_\_

CONFIDENTIAL BANK INFORMATION RELEASE FORM

Date: \_\_\_\_\_

Bank: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Account No: \_\_\_\_\_

The undersigned has entered into an application for credit with Best Line Oil Company and its affiliated companies. Please consider this an irrevocable authorization to release information regarding this customer. All information obtained will be held in strict confidence.

Sincerely,  
Best Line Oil Co., Inc.

Twila S. Hensel  
Credit Manager

Customer: \_\_\_\_\_

DBA: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Officer on Account

BEST LINE OIL COMPANY  
219 N 20<sup>TH</sup> STREET  
TAMPA, FL 33605

CREDIT CARD AUTHORIZATION

CUSTOMER NAME: \_\_\_\_\_

CREDIT CARD: \_\_\_\_\_

CCV #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

I give Best Line Oil permission to use the above credit card.

Card Holder Signature: \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

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):	
<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		Exempt payee code (if any) _____	
<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.		Exemption from FATCA reporting code (if any) _____	
<input type="checkbox"/> Other (see instructions) ▶ _____		<i>(Applies to accounts maintained outside the U.S.)</i>	
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	
<div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px;">[ ]</span> <span style="font-size: 24px;">[ ]</span> - <span style="font-size: 24px;">[ ]</span> <span style="font-size: 24px;">[ ]</span> - <span style="font-size: 24px;">[ ]</span> <span style="font-size: 24px;">[ ]</span> </div>	
OR	
Employer identification number	
<div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px;">[ ]</span> - <span style="font-size: 24px;">[ ]</span> <span style="font-size: 24px;">[ ]</span> <span style="font-size: 24px;">[ ]</span> <span style="font-size: 24px;">[ ]</span> </div>	

## Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## 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](http://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.*



SPECIALIZING IN:  
AUTOMOTIVE - INDUSTRIAL • HYDRAULIC LUBES • AUTOMOTIVE ACCESSORIES

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SERVING THE BAY AREA SINCE 1935

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### Dyed Diesel Sales Tax Request

Florida law requires the end user / purchaser of dyed diesel fuel to pay the State sales tax and county discretionary sales tax unless the end user is sales tax exempt, ( i.e. an agricultural purchaser ). End users who owe the tax on dyed diesel must remit the tax on a monthly or quarterly sales tax return OR request the supplier to charge the sales tax and remit the tax to the State on their behalf.

Please indicate below your election regarding the State sales tax and return this letter to:

Best Line Oil Co., Inc.  
219 North 20<sup>th</sup> Street  
Tampa, Fl. 33605

Fax: 813-248-7824  
Email: [twila.hensel@bestlineoil.com](mailto:twila.hensel@bestlineoil.com)

Yes, charge sales tax on my dyed diesel fuel invoices

No, do not charge sales tax on my dyed diesel fuel invoices

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Signature / Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



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AUTOMOTIVE - INDUSTRIAL • HYDRAULIC LUBES • AUTOMOTIVE ACCESSORIES

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SERVING THE BAY AREA SINCE 1935

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For our records, please document and attest to your compliance below.

Please return this letter before May 31<sup>st</sup>, 2018 to my attention at the following address:

Best Line Oil Co., Inc.  
219 North 20<sup>th</sup> Street  
Tampa, Fl 33605

You may also fax this form to my attention at 813-248-7824 or email to:  
[Twila.hensel@bestlineoil.com](mailto:Twila.hensel@bestlineoil.com) with Subject line noted as " Tank Registration Compliance Letter"

Sincerely,

Twila Hensel  
Controller  
Best Line Oil Co., Inc.

Certification to Best Line Oil Co., Inc. :

My above ground tank is required to be registered: DEP Facility ID# \_\_\_\_\_

My above ground tank is not required to be registered because:

My underground tank is required to be registered: DEP Facility ID# \_\_\_\_\_

My underground tank is not required to be registered because:

My tank is located in \_\_\_\_\_ county

Customer Name:

Signature & Title: \_\_\_\_\_

Printed Name \_\_\_\_\_ Date: \_\_\_\_\_

219 NORTH 20<sup>TH</sup> STREET • TAMPA, FLORIDA 33605  
(813) 248-1044 • 1-800-382-1811 • FAX: (813) 248-7824