



Thank you for your interest in establishing an account with O'Rourke Dist. Co, Inc. d/b/a O'Rourke Petroleum. Attached is our Credit Application. The completion of this form is necessary to setup your company in our system and/or assign a credit limit. Incomplete applications may delay the process of establishing your account.

Approval typically takes one to three business days once:

- We receive a complete credit application and,
- We receive agency reports and timely responses from your firm's bank and trade references and,
- We receive other information required for approval of larger lines of credit

Once a line of credit is approved, your account will be activated immediately. Setting up your account is a priority to us and your patience while we process this information is greatly appreciated.

If you need help please call Angela Dalcour, Credit Manager, at 713.255.1710 or email her at [angelad@orpp.com](mailto:angelad@orpp.com). You can also reach us at our main number 713.672.4500.

The attached form should be emailed or faxed to our Credit Department as soon as they are complete.

**Fax 713.513.5032**

**Email [creditdepartment@orpp.com](mailto:creditdepartment@orpp.com)**

We look forward to the opportunity to be of service to you!

Special Instructions



# CREDIT APPLICATION

## APPLICANT CONTACT AND BUSINESS INFORMATION

SALES PERSON: \_\_\_\_\_

Business name: \_\_\_\_\_

Other Trade Name: \_\_\_\_\_ Website: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Company or Headquarters Address: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Total Sales for Prior Year: \_\_\_\_\_

Dun & Bradstreet #: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Entity Type: \_\_\_\_\_ Stock Symbol (if publically traded): \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_ State Tax ID #: \_\_\_\_\_

**If you are exempt from taxes on your purchases, you must provide O'Rourke Dist. Co. Inc. ("O'Rourke") with signed documentation prior to your first delivery.**

Corporation or Government Entity: Will you furnish financial statements to O'Rourke: No: \_\_\_\_\_ Yes: \_\_\_\_\_ (Please Attach)

## PRINCIPAL OFFICERS, MANAGERS, PARTNERS OR INDIVIDUAL PROPRIETORS: (attach additional pages, if necessary)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

## BANK REFERENCES:

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

Officer Name: \_\_\_\_\_ Officer Name: \_\_\_\_\_

Account #: \_\_\_\_\_ Account Number: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_ Fax #: \_\_\_\_\_

## TRADE/CREDIT REFERENCES: (Please list your largest suppliers/vendors)

Reference Name:	Phone #:	Fax#:	Account #:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Applicant authorizes O'Rourke to provide a copy of any and all information to O'Rourke's credit insurance underwriter's agent for the sole purpose of acquiring credit insurance. Applicant authorizes O'Rourke to investigate the credit and financial information of Applicant through any credit bureau or by any reasonable means including direct contact with Applicant's past and present creditors and banking institutions. This application is the property of O'Rourke. In the event that O'Rourke extends credit to Applicant and Applicant purchases any product from O'Rourke by submission of a purchase order or any other request, Applicant agrees to make full payment by EFT, within 10 days for fuel purchases and within 30 days for all other purchases, following receipt of an invoice from O'Rourke. In the event that Applicant does not timely pay any invoiced amount in the manner provided for above, such past due amount shall accrue interest at the lesser of 18% or the highest lawful rate allowed under Texas law from and after the date due until paid. Applicant hereby grants to O'Rourke a lien and security interest in any products sold to Applicant to secure all payments due to O'Rourke from Applicant for such products. Applicant authorizes O'Rourke to file in any appropriate public record any and all financing statements or other documentation necessary to perfect O'Rourke's lien and security interest hereunder. Applicant will also be liable for all attorney's fees and costs of suit if such past due account is placed in the hands of an attorney for collection. Venue for all disputes under the terms of this credit application or related to the sale of products by O'Rourke to Applicant shall be in Harris County, Texas. I certify that I am authorized to make this request on behalf of Applicant and that all financial information provided by Applicant is true and correct.

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Authorized Signature: \_\_\_\_\_

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

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

Valid Driver's License # and State: \_\_\_\_\_

(Disregard for Corporations and Government Entities)

**NOTICE: THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE (PROVIDED THE APPLICANT HAS THE CAPACITY TO ENTER TO ENTER INTO A BINDING CONTRACT); BECAUSE ALL OR PART OF THE APPLICANT'S INCOME DERIVES FROM ANY PUBLIC ASSISTANCE PROGRAM; OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING THIS CREDITOR IS THE FEDERAL TRADE COMMISSION.**



**ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT**

_____			_____
Customer Name			Customer or Vendor No.
_____			_____
Street Address			Customer, DTN, T.I.D. No., or Easy Link No.
_____			_____
P.O. Box			Fax
_____			_____
City	State	Zip	Telephone Number

\_\_\_\_\_ ("Customer" does hereby authorize O'Rourke Petroleum Products to initiate debit and/or credit entries to Customer's checking account indicated below and does further authorize the depository institution named below to debit and/or credit such entries to the customer's account.

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

Bank Address \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Customer Name on Bank Account \_\_\_\_\_

Customer Bank Account Number \_\_\_\_\_

Bank Contact Person \_\_\_\_\_ Bank Telephone Number \_\_\_\_\_

This authorization shall remain in effect until terminated upon thirty (30) days written notice by Customer or O'Rourke Petroleum Products. Notice of termination shall in no way affect debit and/or credit entries initiated prior to actual receipt of notice. This EFT program can be terminated or modified by O'Rourke Petroleum Products at any time. All credit and other terms and requirements between Customer and O'Rourke Petroleum Products remain in effect.

**CUSTOMER AUTOHRIZATION:**

Authorized Signature	Title	Date
_____	_____	_____
Printed Name		
_____		
Authorized Signature	Title	Date
_____	_____	_____
Printed Name		
_____		

Please complete this form and return the original to our billing office.

Upon receipt of the fully executed EFT Authorization agreement, you will be informed of the effective date that drafts will begin against your account. All charges and credits to your account prior to the EFT date must be paid by check.

## TEXAS SALES AND USE TAX RESALE CERTIFICATE

Name of purchaser, firm or agency as shown on permit	Phone (Area code and number)											
Address (Street & number, P.O. Box or Route number)												
City, State, ZIP code												
Texas Sales and Use Tax Permit Number (must contain 11 digits)												
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>												
Out-of-state retailer's registration number or Federal Taxpayers Registry (RFC) number for retailers based in Mexico												
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;"></td> </tr> </table> (Retailers based in Mexico must also provide a copy of their Mexico registration form to the seller.)												

I, the purchaser named above, claim the right to make a non-taxable purchase (for resale of the taxable items described below or on the attached order or invoice) from:

Seller: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State, ZIP code: \_\_\_\_\_

Description of items to be purchased on the attached order or invoice:


Description of the type of business activity generally engaged in or type of items normally sold by the purchaser:

The taxable items described above, or on the attached order or invoice, will be resold, rented or leased by me within the geographical limits of the United States of America, its territories and possessions or within the geographical limits of the United Mexican States, in their present form or attached to other taxable items to be sold.

I understand that if I make any use of the items other than retention, demonstration or display while holding them for sale, lease or rental, I must pay sales tax on the items at the time of use based upon either the purchase price or the fair market rental value for the period of time used.

*I understand that it is a criminal offense to give a resale certificate to the seller for taxable items that I know, at the time of purchase, are purchased for use rather than for the purpose of resale, lease or rental, and depending on the amount of tax evaded, the offense may range from a Class C misdemeanor to a felony of the second degree.*

 Purchaser	Title	Date
--	-------	------

## TEXAS SALES AND USE TAX EXEMPTION CERTIFICATION

Name of purchaser, firm or agency	
Address (Street & number, P.O. Box or Route number)	Phone (Area code and number)
City, State, ZIP code	

I, the purchaser named above, claim an exemption from payment of sales and use taxes (for the purchase of taxable items described below or on the attached order or invoice) from:

Seller: \_\_\_\_\_

Street address: \_\_\_\_\_ City, State, ZIP code: \_\_\_\_\_

Description of items to be purchased or on the attached order or invoice:


  
  
  
  
  
  
  
  
  
  

Purchaser claims this exemption for the following reason:

I understand that I will be liable for payment of all state and local sales or use taxes which may become due for failure to comply with the provisions of the Tax Code and/or all applicable law.

*I understand that it is a criminal offense to give an exemption certificate to the seller for taxable items that I know, at the time of purchase, will be used in a manner other than that expressed in this certificate, and depending on the amount of tax evaded, the offense may range from a Class C misdemeanor to a felony of the second degree.*

 Purchaser	Title	Date
--	-------	------

NOTE: This certificate cannot be issued for the purchase, lease, or rental of a motor vehicle.  
***THIS CERTIFICATE DOES NOT REQUIRE A NUMBER TO BE VALID.***  
 Sales and Use Tax "Exemption Numbers" or "Tax Exempt" Numbers do not exist.

This certificate should be furnished to the supplier. Do **not** send the completed certificate to the Comptroller of Public Accounts.

# TEXAS END USER SIGNED STATEMENT FOR PURCHASING TAX-FREE DYED DIESEL FUEL

Selling supplier or distributor: \_\_\_\_\_

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

Purchasing entity name	End user signed statement number
Address	Beginning effective date
	Taxpayer number

*If the purchaser is a division of a corporation, give the name and address of the parent corporation, not the division DBA name.*

Parent corporation name: \_\_\_\_\_

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

**PLEASE READ CAREFULLY BEFORE SIGNING**

- 1. Will you use any of this diesel fuel in a motor vehicle on public highways, streets or roads? .....  YES  NO
- 2. Will you resell any of this diesel fuel? .....  YES  NO
- 3. Will you purchase more than 10,000 gallons per month? .....  YES  NO

**If any answer is "YES," you may not legally sign this statement,**

*EXCEPTION: A purchaser using an End User Signed Statement Number to purchase dyed diesel fuel for exclusive use in oil or gas production must also furnish a Letter of Exception issued by the Comptroller to authorize the purchase of up to 25,000 gallons per month.*

**NOTE: THIS IS YOUR MASTER COPY. PLEASE RETAIN IN YOUR FILES AND MAKE COPIES AS NEEDED.**

I DECLARE THAT:

- none of the dyed diesel fuel purchased on this signed statement will be used on public highways, streets or roads;
- all of the dyed diesel fuel purchased on this signed statement will be consumed by the purchaser in Texas and will not be resold; and
- none of the dyed diesel fuel purchased on this signed statement will be delivered or permitted to be delivered into the fuel supply tanks of motor vehicles operating on public highways, streets or roads in this state.

I am aware that certain fines and criminal penalties are provided by Law for giving a false diesel fuel signed statement.



For information, call (800) 252-1383 or (512) 463-4600.

\_\_\_\_\_  
 Name of purchaser (Type or print)

By: \_\_\_\_\_  
 Purchaser or authorized representative (Type or print)

\_\_\_\_\_  
 Signature of authorized representative

**sign here** ► \_\_\_\_\_  
 Date