



Rossee Oil
Farmer's Fuel
Newsome Oil

APPLICATION INFORMATION

Thank you for choosing Rossee Oil Company, Farmers Fuel, and Newsome Oil for your fueling needs.

<input type="checkbox"/> Account Application	<input type="checkbox"/> ST-5 Form (if applicable)
<input type="checkbox"/> Consent & Authorization	<input type="checkbox"/> Fuel Key Form (if desired)
<input type="checkbox"/> Driver's License	<input type="checkbox"/> ACH Form (if applicable)
<input type="checkbox"/> GATE Card (if applicable)	<input type="checkbox"/> Credit Card Form (if applicable)

Please complete the Credit Account Application & Consent and Authorization in their entirety, including signatures in both places at the bottom of the application, and email them to jessica@rosseeoilco.com **along with a copy of your Driver's License for processing.**

****APPLICATION NOTE:** If you have a GATE card you wish to use in association with your account, it must be submitted with the application and MUST be completed to match that GATE card EXACTLY for audit purposes.

If you have any other tax exemptions, please provide supporting documentation for such exemptions (i.e. ST-5 Form, etc.).

Additionally, I have included the following forms:

- **Credit Card Form:** We offer credit card payment with a 3.5% fee.
- **ACH Draft Form:** We offer ACH draft with no fee.
- **Fuel Island Key Form (Rossee Oil-Eatonton location only):** For your convenience, we have a fuel island where you can fuel and charge to the account even after hours.

For COD accounts, we require a credit card or ACH draft form on file. While the driver can pick up a check at the time of delivery, we need another payment option on file in case no one is available at that time.

We are here to answer any questions or concerns you may have. Feel free to call us at (706) 485-4771 or email Jessica at jessica@rosseeoilco.com.

Thank you for your business!

The Rossee Oil Co., Inc. Family

CREDIT ACCOUNT APPLICATION:
ROSSEE OIL CO., INC. • 305 E. Sumter Street • P.O. Box 3010 • Eatonton, GA 31024
PH: (706) 485-4771 FAX: (706) 485-1109

OWNER

Applicant Name: _____ Federal ID: _____

Guarantor's Name: _____ Date of Birth: _____ Social Security No: _____

Business Name (if applying as a business): _____

Physical Address: _____ City, State: _____ Zip: _____

Mailing Address (if different from above): _____

Phone: _____ Alternate Phone: _____ Fax Phone: _____

EMAIL: _____ **How much fuel do you use monthly? Gasoline gallons** _____ **Diesel gallons** _____

Do you have a GATE card? _____ If yes, please return a copy with application.

Has the Applicant or Guarantor ever filed **bankruptcy** under this business, personally, or under any other business? _____, When? _____

CREDIT

A. Bank Name: _____ Address: _____

Phone: _____ Contact Person: _____

B. Business Reference: _____ Address: _____

Phone: _____ Contact Person: _____

Personal Account: - Place of Employment: _____ How Long: _____

Name of Employer: _____ Phone: _____

Please attach any additional information along with this application

I certify the above information is true and complete. I certify that I am the principal owner of this company. I authorize Rossee Oil Co., Inc. to make whatever investigations and inquiries it deems necessary to verify the accuracy of the information obtained from me or any other person pertaining to my credit and financial responsibility. I also authorize Rossee Oil Co., Inc. to employ any credit bureau or other investigative agency to perform this work for them. **I understand that Rossee Oil Co., Inc. shall include Rainey Oil Co., LLC, Farmers Fuel, LLC, and Newsome Real Estate Properties, LLC d/b/a Newsome Oil.**

I authorize Rossee Oil Co., Inc. to make fuel deliveries into my tanks whether or not I am present, and I agree to pay for such deliveries even though the delivery ticket has not been signed by me. If service is discontinued and I am due a refund for any fuel remaining in the tanks, I will receive credit for the full purchase price, less a service charge and a restocking fee and any amount then due Rossee Oil Co., Inc.

The following initialed provisions shall apply to the payments by the Applicant to Rossee Oil Co., Inc.:

- (a) _____ The Applicant agrees to pay to Rossee Oil Co., Inc. in full on or before the twenty-fifth day of any calendar month any and all amounts billed by Rossee Oil Co., Inc. to the Applicant on or before the sixteenth day of any calendar month. In addition thereto, the Applicant promises to pay to Rossee Oil Co., Inc. in full on or before the tenth day of each calendar month all amounts billed by Rossee Oil Co., Inc. to the Applicant on or before the first day of any such calendar month. All trucking, logging, hauling, etc. accounts are to be paid in full on a weekly basis.
- (b) _____ The Applicant agrees to pay in full to Rossee Oil Co., Inc. by electronic fund transfer any and all amounts within seven (7) days after delivery of any motor fuel by Rossee Oil Co., Inc. on behalf of the Applicant.
- (c) _____ The Applicant agrees to pay to Rossee Oil Co., Inc. in full for all motor fuel delivered by Rossee Oil Co., Inc. to the Applicant, COD, immediately upon delivery of such motor fuel by Rossee Oil Co., Inc. on behalf of the Applicant.

The Guarantor hereby guarantees the payment to Rossee Oil Co., Inc. of all amounts due and owing by the Applicant hereunder and the performance of all other obligations of the Applicant under this Application.

The Applicant hereby agrees that, with respect to any amounts due and owing from the Applicant to Rossee Oil Co., Inc., the following shall apply:

- (a) The Applicant and Guarantor do hereby agree and consent that Putnam County, Georgia, shall be the proper venue and Putnam County Courts (Superior, Magistrate, etc.), Putnam County, Georgia, shall have jurisdiction with respect to any lawsuit filed by Rossee Oil Co., Inc. against the Applicant and Guarantor for any amounts due and owing by the Applicant and Guarantor to Rossee Oil Co., Inc.
- (b) In the event Rossee Oil Co., Inc. employs an attorney to collect any amounts due and owing from the Applicant to Rossee Oil Co., Inc., the Applicant agrees to pay to Rossee Oil Co., Inc. an additional amount equal to any and all attorney's fees incurred by Rossee Oil Co., Inc. in connection with any such lawsuit.
- (c) In the event the Applicant does not pay in full the amount to Rossee Oil Co., Inc. on or before the due date, the Applicant promises to pay to Rossee Oil Co., Inc. a Finance Charge equal to one and one-half percent (1 ½ %) per month of the total amount due and owing from the Applicant to Rossee Oil Co., Inc. for each month for which such amount remains due and owing based on O.C.G.A. 7-4-16 which sets the maximum interest rate which can be imposed on commercial accounts. In the event of a judgment that provides for prejudgment interest, it is hereby agreed that the prejudgment interest will be based on the rate of one and one-half percent (1 ½ %) per month based on the maximum interest rate on commercial accounts set forth in O.C.G.A. 7-4-16.

APPLICATION WILL NOT BE ACCEPTED WITH OUT SIGNATURES IN BOTH PLACES

Signature of Guarantor

Date

Person Responsible for Accounts/Debts

Date

Printed Name: _____

OR Signature of Applicant's Representative
Printed Name: _____



Rossee Oil
Farmer's Fuel
Newsome Oil

CONSENT AND AUTHORIZATION

Date: _____ Name(s): _____

I, _____, hereby authorize Rossee Oil Co., Inc. to obtain my personal information and credit report for the purpose of extending credit for fuel, fuel deliveries, and any other parts and/or services provided by Rossee Oil Co., Inc. I acknowledge that Rossee Oil Co., Inc. shall include Farmers Fuel, LLC and Newsome Real Estate Properties, LLC d/b/a Newsome Oil. I understand this authorization will allow Rossee Oil Co., Inc. to request and receive information from credit reporting agencies and other relevant sources, such as credit references and employment verification. In addition, I authorize Rossee Oil Co., Inc. to employ any credit bureau or other investigative agency to perform this work for them.

I hereby authorize Rossee Oil Co., Inc., at any time it deems appropriate, to verify and obtain any credit reports and other information from other relevant sources or agencies from all listed references, including any bank listed on the related Customer Account Application.

By signing below, I acknowledge that I have read and understand the above authorization and consent to the release of my personal information and credit report.

Customer Signature

Customer Signature

Social Security Number

Social Security Number

Rossee Oil Co. Fuel Key Form

Current account name (or name applying under): _____

Account number (if a current customer): _____

Number of keys needed: _____

Names for each key and fuel type permitted on each key (keys on the same account can be programmed to allow different fuels.)

Name for key: _____

Fuel Type: Regular Premium Off Road On Road All the above

Name for key: _____

Fuel Type: Regular Premium Off Road On Road All the above

Name for key: _____

Fuel Type: Regular Premium Off Road On Road All the above

Will mileage need to be attached to key (Yes or No. If Yes, which keys):

***** There is a \$12.50 charge for new, lost or damaged ProKeys.**

Name: _____ **Date:** _____

Signature: _____

ROSSEE OIL CO., INC. P. O. BOX 3010, EATONTON, GA 31024

PHONE: 706-485-4771 - FAX: 706-485-1109

Bank Draft Information

(ACH)

Name on Account: _____

Name of Owner if Account is a business: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Physical Address: _____

City: _____ State: _____ ZIP: _____

Phone: (____) - _____ **FAX:** (____) - _____ **email:** _____

Business is a: Corp () ; If Corp. date and State Incorporated: _____ LTD Partnership () ; Partnership ()

Federal Tax Identification # _____ **Social Security #** _____

Name & Address of Principal Officers:

Name: _____ Title: _____

Address: _____ City: _____ State: _____

Name: _____ Title: _____

Address: _____ City: _____ State: _____

Name: _____ Title: _____

Address: _____ City: _____ State: _____

BANK: _____

Address: _____ City: _____ State: _____

Checking Account # _____

Savings Account # _____

9 Digit Bank Routing # _____

By signing this document I authorize Rossee Oil Co., Inc. to initiate electronic debit entries to my account for payment on my account with Rossee Oil Co., Inc., Rainey Oil Co., LLC, Farmers Fuel, LLC, or Newsome Real Estate Properties d/b/a Newsome Oil. I acknowledge that the origination of the ACH transactions to my account must comply with the provisions of U. S. Law. This authority will remain in effect until I have cancelled it in writing.

Signature: _____ **Printed Name:** _____ **Date:** _____

Witnessed: _____ **Printed Name:** _____ **Date:** _____



**Rossee Oil
Farmer's Fuel
Newsome Oil**

Credit Card / Debit Card Authorization Form

Date: _____ Company Name: _____ (the "Company")

I, _____ (name), _____ (title), of the Company am the authorized cardholder for the below-listed credit card and hereby authorize Rossee Oil Co., Inc. to debit such card on purchases, etc. from Rossee Oil Co., Inc. when I am not present.

Please indicate below if this authorization is for a one-time use or if Rossee Oil Co., Inc. should keep the authorization on file for future purchases:

One Time Use

Keep on File for Future Purchases

By signing this form, I agree not to initiate any chargeback proceedings with the credit card company for charges by Rossee Oil Co., Inc. on the credit card below, and understand that any such charge backs will constitute breach of contract. I agree to waive any chargeback rights I may have, and will contact Rossee Oil Co., Inc. to resolve any dispute regarding charges by Rossee Oil Co., Inc. on the card.

By signing this form, I also agree to a credit card processing fee being charged to the credit card below. The processing fee is 3.5% of the total charge being charged to the credit card. _____ (initial here)

Credit Card Info: (circle one)

Mastercard

Visa

Discover

American Express

Card#: _____

Expiration date: _____ / _____

Security code: _____

Printed name as it appears on card: _____

Exact billing address as it appears on credit card statement (where statements are mailed to):

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

Cardholder signature: _____

Witness signature: _____

Witness name (print): _____

*****MUST HAVE A COPY OF THE CARD HOLDER'S ID submitted with this form.**

Please submit form to: Mail: Rossee Oil Co., Inc, P.O. Box 3010, Eatonton, GA 31024

Fax: 706-485-1109 Email: robin@rosseeoilco.com or natalie@rosseeoilco.com