
Red Rock

Distributing Company

Racing & Motor Fuels Distributors
PO BOX 82337, OKLAHOMA CITY, OK 73148
Phone (405)677-3373 Fax (405)557-7711

INFORMATION SHEET NEW CUSTOMERS

Dear Customer:

Welcome to RED ROCK DISTRIBUTING. We look forward to a rewarding business relationship and making you a member of the Red Rock family.

Here is a list of information we will need from you in order to provide you with the best possible service:

- Completed credit application and EFT application.
- Name of locations with addresses and directions, if needed.
- Is the location branded or unbranded?
- Tanks above ground or below?
- Sizes of tanks - chart copies if available.
- How are the tanks marked? Paint, tags?
- What are your preferred times of delivery?
- Our drivers will check in with an employee on duty and stick tanks before and after drop.
- Do you require bucket check? Any other requirements for delivery?
- On freight only customers we need you to authorize Red Rock as a carrier and supply us with petroex and/or loading numbers.
- Your after hours and weekend emergency contact name(s) and phone number(s).

How to get in touch with us:

Red Rock Office: (405) 677-3373
Toll Free# (800) 323-7109
After hours & Weekends: (405) 620-5882

Joani Shelton (Fuel Operations): (405)557-7710
Dispatch: (405)557-7790

Fax#: (405) 557-7711

Web Site: www.redrockdist.com

Red Rock Distributing Company

Racing & Motor Fuels Distributors
PO BOX 18755, OKLAHOMA CITY, OK 73154
Phone (405)677-3373 Fax (405)557-7711

APPLICATION FOR CREDIT

****IMPORTANT**** All information must be provided in full to process this application not withstanding that the account will be established in the name of a company. The undersigned personally guarantee's payment of the account.

****BUSINESS INFORMATION****

Legal Business Name: _____ Telephone Number: _____ Fax Number: _____

DBA(if applicable) _____ E-Mail Address _____

Street address or Delivery Address: _____ City: _____ State: _____ Zip: _____ County _____

Do you own/lease the above property? Own _____ Lease _____ Other _____ (please explain)

Mailing Address: _____ City: _____ State: _____ Zip: _____

Person to contact for payables: _____ Telephone Number _____

****LEGAL STRUCTURE****

Type of Business: _____ Sole Proprietor _____ Corporation _____ Partnership _____ LLC _____ Other _____
(please check one) State of Incorporation _____

Date Business Established _____ How long at present location _____

FED ID # _____ SALES TAX EXEMPTION CERTIFICATE YES _____ NO _____ (if yes, please provide certificate)

****PERSONAL INFORMATION****

Owner/Officer's Name _____ SS # _____ DOB: _____ Driver's License # _____

Owner's Home Address _____ City _____ State _____ Zip _____ Phone() _____ How Long _____

Co-Applicant Name _____ SS # _____ DOB: _____ Driver's License # _____

Co-Applicant Home Address _____ City _____ State _____ Zip _____ Phone() _____ How Long _____

Have you ever filed bankruptcy _____ If so, when _____

****BANK REFERENCES****

Bank Name & Branch _____ Address _____ City _____ State _____ Zip _____
Name of Bank Officer _____ Telephone Number () _____ Account Number _____

****CURRENT VENDOR REFERENCES**** (Please fill out 2 references)

Company Name _____ Address _____ City _____ State _____ Zip _____
Contact Person _____ Phone Number () _____

Company Name _____ Address _____ City _____ State _____ Zip _____
Contact Person _____ Phone Number () _____

Company Name _____ Address _____ City _____ State _____ Zip _____
Contact Person _____ Phone Number () _____

****CURRENT FUEL SUPPLIER****

Company Name _____ Address _____ City _____ State _____ Zip _____
Contact Person _____ Phone Number () _____

Estimated monthly gallons _____

The preceding information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Red Rock Distributing to investigate all references and customary credit information sources including consumer credit reporting repositories regarding my/our credit and financial responsibility for the purpose of obtaining credit and for periodic review for the purpose of maintaining the credit relationship.

The undersigned and applicant submit this application for credit subject to the following terms, and as consideration for the extension of credit or the establishment of an account represent and/or agree as follows:

1. All the information contained in this application both front and back is true and correct to the best of my knowledge, information, and belief of the undersigned, and the undersigned is authorized to execute the application.
2. TERMS: All invoices are due 10 days EFT, unless otherwise specified. COD restrictions and/or service charges of 22% or the highest legal rate, may be placed on any past due account.
3. To pay all expenses of collection, including court costs and reasonable attorney's fees should it become necessary to refer the account for collection.
4. I understand that by providing my fax and/or telephone number(s), and email address(es), I consent to receive communications sent by or on behalf of Red Rock Distributing and all its subsidiaries and affiliated organizations via fax, regular mail, email, and/or telephone.
5. I/We understand that we must notify Red Rock Distributing Company in writing and by certified mail of any change in ownership, the name of the business or structure of the business under which credit is established.

Owner/Officer Signature	date	Co-Applicant Signature	date
Print Name/Title		Print Name/Title	

CONSENT TO OBTAIN CONSUMER CREDIT INFORMATION

The undersigned individual who is either a principal of the credit applicant or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant hereby consents to and authorized the use of a consumer credit report on the undersigned by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.

Applicant Signature	Date	Co-Applicant Signature	Date
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PERSONAL GUARANTEE

In consideration of any extension of credit, loan, or other financial accommodation heretofore, now or hereafter made to _____ ("Account Debtor") by RED ROCK DISTRIBUTING COMPANY ("RRD"), the undersigned hereby guarantees absolutely and unconditionally the prompt payment when due, and at any time thereafter, of all indebtedness and obligations of every kind and nature of Account Debtor or RRD, absolute or contingent, due or to become due, now or hereafter existing (the "Indebtedness"), and in addition, the undersigned agrees to pay all expenses, including attorneys fees and legal expenses, paid or incurred by RRD to collect the Indebtedness, or any part thereof, and to enforce this guaranty.

The liability of the undersigned under this guaranty shall in no way be affected, by any compromise, waiver, settlement, change, subordination, modification or disposition of the Indebtedness, and in order to hold the undersigned liable hereunder, there shall be no obligation on the part of RRD at any time to resort first for payment to the Account Debtor, or any other guarantor, and RRD shall have the right to enforce this guaranty irrespective of whether or not proceedings or steps are being taken against any party primarily or secondarily liable on the Indebtedness.

The undersigned waives presentment, protest and notice of dishonor or default, notice of acceptance of the guaranty, notice of extensions of, credit or other actions taken in reliance hereon, and all demands and notices of any kind in connection with this guaranty or the Indebtedness. RRD, without notice of any kind, may sell, assign, or transfer any of the Indebtedness to a third party, and in such event. Each successive assignee, transferee or holder of any of the Indebtedness shall have the right to enforce this guaranty for the benefit of such assignee, transferee or holder. This guaranty shall be binding on the heirs, legal representatives, successors, and assigns, of the undersigned and shall insure to the benefit of RRD, its successors and assigns.

Dated this _____ day of _____, 20____

Guarantor

State of _____
County of _____

This instrument was acknowledge before me this _____ day of _____, 20__ by _____.

Notary Public

Red Rock

Distributing Company

Racing & Motor Fuels Distributors
 PO BOX 18755, OKLAHOMA CITY, OK 73154
 Phone (405)677-3373 Fax (405)557-7711

ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT (EFT)

Customer Name	Effective Date		
Customer Address	City	State	Zip
Customer Accounts Payable Contact	Telephone Number	Fax Number	

Customer hereby authorizes RED ROCK DISTRIBUTING COMPANY to initiate EFT debit/credit entries to Customer's deposit account described below, and does further authorize the financial institution described below to debit/credit such entries to the Customer's account.

Bank Name	ABA Number
Bank Address	Bank Account Number
City	Bank Contact
State	Bank Contact Telephone Number
Zip	

This authority shall remain in effect until terminated upon (15) fifteen days written notice by either the Customer or Red Rock Distributing Company. To the extent that the above bank has the capacity to receive accounting data relating to the debits or credits being transmitted and to the extent Red Rock Distributing shall elect such form of transmitting information, Customer authorizes Red Rock Distributing Company to make transmission of such information to the above bank.

Dated this _____ day of _____, 20_____.

Customer/Authorized Signature	Title
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PLEASE ATTACH A VOIDED CHECK FROM ABOVE ACCOUNT

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	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; check only one of the following seven boxes: <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. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.)	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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.																																																					
Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center; padding: 2px;">Social security number</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="10" style="text-align: center; padding: 2px;">OR</td> </tr> <tr> <td colspan="10" style="text-align: center; padding: 2px;">Employer identification number</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	Social security number																					OR										Employer identification number																				
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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 on page 3.	

Sign Here	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. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Red Rock Distributing Company

Racing & Motor Fuels Distributors
ONE NW 50TH ST - OKLAHOMA CITY, OK 73118
PO BOX 82337 - OKLAHOMA CITY, OK 73148

DATE: _____

TO: RED ROCK DISTRIBUTING CO.
PO BOX 18755
OKLAHOMA CITY, OK 73154

To Whom It May Concern:

I _____, state that I do not have a legal binding contract with any other fuel distributor at this time. I am under no obligation to buy branded or unbranded fuel from any one supplier.

The letter is to request a proposal from Red Rock Distributing for branded and/or unbranded fuel purchases. I understand that most branded proposals, if accepted, will be for 7-12 years in duration.

Sincerely,

Owner

Location Address

City, State, Zip

Phone #