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COMMERCIAL FLEET FUELING APPLICATION

Legal Name of Company: _____ FEIN # _____
(Include Inc., LLP, Co., etc.)

Doing Business As/Trading As Name: _____ Phone: _____ - _____ - _____
(DBA) (T/A)

Email: _____ Fax: _____ - _____ - _____

Delivery Address _____
Street Address City State Zip

Mailing Address _____
(If Different) Street Address City State Zip

Own/Rent Building: ___ If Owned, Under What Name: _____ Lease Expires: _____

Landlord/Mortgage Co.: _____ Phone: _____ - _____ - _____
(Circle One) Name City/State

REFERENCES

1. Bank: _____, Acct. No. _____, Contact: _____
Phone: _____ - _____ - _____, Fax: _____ - _____ - _____

2. Trade: _____, Acct. No. _____, Contact: _____
Phone: _____ - _____ - _____, Fax: _____ - _____ - _____, Email: _____

3. Trade: _____, Acct. No. _____, Contact: _____
Phone: _____ - _____ - _____, Fax: _____ - _____ - _____, Email: _____

4. Trade: _____, Acct. No. _____, Contact: _____
Phone: _____ - _____ - _____, Fax: _____ - _____ - _____, Email: _____

OFFICERS, PARTNERS OR OWNERS PERSONAL INFORMATION

Chief Executive Officer/Owner

Name: _____ Social Sec. _____ - _____ - _____ Phone: _____ - _____ - _____
Last Name First Name Middle Suffix (REQUIRED)

Home Address: _____
Street Address City State Zip Code

Financial Officer

Name: _____ Social Sec. _____ - _____ - _____ Phone: _____ - _____ - _____
Last Name First Name Middle Suffix (REQUIRED)

Home Address: _____
Street Address City State Zip Code

PLEASE COMPLETE AND SIGN ON PAGE 2 OF 2

I agree that if payment is not received when due and if it is placed with an attorney or certified collection agency for collection, that the undersigned guarantor(s) will pay Company all costs of collection, including the sum equivalent to one third(1/3) of the amount referred to such attorney or collection agency, which the undersigned guarantor(s) agrees to be just and reasonable, or any amount which a court having jurisdiction shall determine to be just and reasonable, which shall be immediately added to the amount due. This guarantee may not be altered, modified, terminated, or waved orally, and shall continue in full force and effect until such time as you shall receive from the undersigned written notice of revocation shall not in any way relieve the undersigned from any indebtedness incurred prior to the actual receipt by Company at its corporate headquarters address, of such notice, and signed registry return receipt card shall be the best evidence thereof.

Applicants(s) shall pay all bills from Company promptly upon receipt. If payment is not made in full within 30 days from the date of the bill, as to that amount which is unpaid, Applicant(s) shall be deemed in default and Applicant(s) hereby authorizes company to charge the maximum late/default charge permitted by law (currently in Pennsylvania the maximum permitted late/default charge is 1.50% per month on unpaid balance.)

Company is hereby authorized to investigate all references or other information listed herein, including engaging of any credit-reporting agency to make a determination of the qualifications of Applicant(s) for an account. I (we) authorize any of our creditors, banks and other references to release all requested account information to Company. By allowing the customer to open an account with Company. Company is not extending credit or deferred payment.

*****(PLEASE READ CAREFULLY BEFORE SIGNING..LEAVE NO BLANKS(IF NOT APPLICABLE, WRITE "n/a", IF UNKNOWN, WRITE "unk")*****

I (We) hereby certify that I (we) have read this form thoroughly on both pages and accept its conditions, and further state that all information supplied by me (us) is true in fact and intent. PLEASE SIGN BELOW.

Company Name: _____

Authorized Signature: _____

Title: _____

Print Name: _____ Date: _____

PERSONAL GUARANTY FOR COMMERCIAL ACCOUNTS

PERSONAL GUARANTY FOR VALUE RECEIVED, and in consideration for, and an inducement for Weaver Energy Inc. to enter into the attached agreement for the supply of fuel, service, and parts or equipment; the undersigned personally guarantees to Weaver Energy Inc. the full performance and the observance of the covenants, terms, condition and agreement herein provided to be performed by _____ (Company Name) without requiring notice of non-payment, non-performance or non-observance, or proof of or demand whereby to charge the undersigned therefore.

Individual Signs Here: _____ Date: _____

Name: _____ Title: _____
(Print)

Card #	Driver or Vehicle Name/Number (limited to 9 characters or less)	Pin # (Y or N)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		