



911 SE Adams, P. O. Box 618  
 Topeka, KS 66601  
 Phone - 785-233-8008  
 Fax 785-232-3580  
 Toll Free 800-211-8008  
 www.capitalcityoil.com

**Office Use Only**

Reviewed by \_\_\_\_\_ Cust # \_\_\_\_\_ C.O.D. \_\_\_\_\_  
 Driver \_\_\_\_\_ Salesman WEB  
 NOTE: \_\_\_\_\_

**CREDIT APPLICATION & AGREEMENT** ♦ Please PRINT clearly ♦ Read CREDIT TERMS on Page 2

(1) Business or Individual Name \_\_\_\_\_  
 Address \_\_\_\_\_ County \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
 Email Address (Required) \_\_\_\_\_  
 Authorized Person(s) to Purchase \_\_\_\_\_  
 Estimated Monthly Purchase (Required) \_\_\_\_\_

(2) \_\_\_\_\_ Government \_\_\_\_\_ Partnership/Sole Proprietorship  
 \_\_\_\_\_ Corporation \_\_\_\_\_ Individual/Household  
 Social Security # OR Federal Tax ID # \_\_\_\_\_  
 Date Business Was Organized \_\_\_\_\_  
 State Sales Tax # \_\_\_\_\_ Motor Vehicle Fuels # \_\_\_\_\_  
 P.O. Required? \_\_\_\_\_ Resale? \_\_\_\_\_ (attach exemption certificate)  
 Annual Sales \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Work Phone \_\_\_\_\_

**THIS SECTION MUST BE COMPLETED for Bank References!**

(3) Bank Branch Address State/Zip Contact Person Account #  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**THIS SECTION MUST BE COMPLETED for Current Trade/Credit References!**

(4) Company Name Address State Zip Phone  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(5) PHYSICAL ADDRESS OF BUSINESS/HOME (for delivery purposes): \_\_\_\_\_

(6) PLEASE CHECK WHICH PRODUCTS YOU WILL USE: \_\_\_Oils \_\_\_Greases \_\_\_Gasoline \_\_\_Diesel Fuel

(7) ROUTE SERVICE FOR TANK WAGON FUEL DELIVERY: Route service gives your driver the responsibility for monitoring your tank and making automatic deliveries to ensure you do not run out. Credit approval is required. Non-route customers are required to call in, and deliveries will be made when the driver is in your area.

CHECK HERE TO BE PLACED ON REGULAR ROUTE DELIVERY SCHEDULE

(8) CARDLOCK FUELING: Commercial Fueling Network's (CFN) unattended fueling stations will help your company manage its' fleet fueling process. Our detailed billing will show the type of fuel, location, time of day, quantity and cost of each transaction with totals available by card or vehicle/job number. In addition, you will be given miles traveled and miles per gallon.

CHECK HERE TO APPLY FOR CARDLOCK FUELING CARDS

**COMPLETE ATTACHED CARD WORKSHEET**

(9) PAYMENT VIA ELECTRONIC FUNDS TRANSFER (EFT) is required on all accounts.

**COMPLETE ATTACHED DEBIT AUTHORIZATION**

(10) I HAVE READ AND UNDERSTAND THE CREDIT TERMS as stated on page 2 of this form and do hereby personally guarantee payment of any and all amounts due and owing to Capital City Oil, Inc. for use of the credit account issued via this credit application. All transactions involving the credit extended under this agreement shall be governed by the laws of the State of Kansas, which are expressly adopted to control all transactions hereunder.

PRINCIPAL OR AUTHORIZED SIGNATURE/TITLE \_\_\_\_\_

DATE \_\_\_\_\_

S.S. Number \_\_\_\_\_

Print Name: \_\_\_\_\_

Home Address \_\_\_\_\_

## CREDIT TERMS

I submit the following information for consideration by **Capital City Oil, Inc.** (hereafter referred to as **CCO**) in order to establish a credit account. If approved, I understand purchases charged to the account may be subject to a **FINANCE CHARGE**.

I hereby authorize the above listed Bank and/or Creditor to release financial information to **CCO**, and I authorize **CCO** to obtain my credit reports from consumer reporting agencies and investigate my credit now and in the future for updates to my account or to extend further credit. This information will be confidential and will only be used for the purpose of establishing credit or collecting amounts due to **CCO**.

All purchases made on this charge account are due within ten days of each period billing date and failure to do so within thirty days may cause credit to be suspended and will cause a **FINANCE CHARGE** to be assessed. The finance charge will be computed by applying to the adjusted balance a periodic rate of 1.5% per month corresponding to the **ANNUAL PERCENTAGE RATE OF 18%**. A \$30.00 fee will be assessed on all returned checks and electronic funds transfers. In the event that it becomes necessary to pursue legal action for the collection of the account, I agree to pay reasonable attorney fees and all other collection charges.

As the holder of the cardlock card(s) I understand that I may be liable for the unauthorized use of the card(s). I will promptly notify **CCO**, orally or in writing, if a cardlock card is lost or being used by unauthorized persons. I understand my liability for unauthorized use of such card ends at 11:59 PM on the day of notification to **CCO**.

I understand when I give a cardlock card to an employee or friend; I authorized their use and am responsible for all charges to my account.

I understand the cardlock card(s) issued in my name shall be the property of **CCO** and may be canceled at any time by **CCO**, with or without notice. Upon cancellation of the cardlock card(s), I will surrender said card(s) immediately to **CCO**.

I understand **CCO** reserves the right to withdraw this credit privilege at any time for any reason and without notice. Further, **CCO** reserves the right to require a letter of credit. Such letter is subject to **CCO's** approval. I agree to pay the account in full each billing period and recognize the **FINANCE CHARGE** charged in the event I fail to do so is in recognition of a possible event (my failure to do so), and not an expression of intent to create a revolving or installment charge account.

**CCO** may amend this agreement at any time by giving the written notice required by law to the customer whose name appears on the account by mailing a copy of such amendment to the customer's last known address. All such amendments shall become effective as stated in the written notice and as allowed by law. **CCO** may at any time in the future amend the applicable **FINANCE CHARGE** and **ANNUAL PERCENTAGE RATE** on appropriate notice.



**THANK YOU FOR CHOOSING CCO AS YOUR PETROLEUM SUPPLIER**

# CAPITAL CITY OIL, INC.

P.O. Box 618 ▪ Topeka, KS 66601  
phone 785-233-8008 ▪ toll free 800-211-8008 ▪ fax 785-232-3580

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Enclosed is an EFT **Debit Authorization** form for you to complete so that your account with Capital City Oil, Inc. can be paid with an electronic bank transaction. ***Please complete the following and return this form, the Authorization form to CCO and a voided check to CCO.***

Company or Individual: \_\_\_\_\_

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

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

City/St/Zip: \_\_\_\_\_

Please indicate below your choice of weekly billing (net 10 days) or monthly billing (net 10th of following month). You will continue to receive all invoices and detailed billing information. In addition you will receive an EFT notice two days prior to the draft.

\_\_\_\_\_ Please set my cardlock billing to weekly. I understand that all invoices on my account (including cardlock, tankwagon delivery, lube invoices, etc.) will be paid with an EFT 10 days after the invoice date. Tankwagon fuel delivery and cardlock fuel invoices will be discounted .05 cents per gallon. Lubricants and accessories will be discounted 1%.

OR

\_\_\_\_\_ Please set my cardlock billing to monthly. I understand that all invoices posted to my account during the month (including cardlock, tankwagon delivery, lube invoices, etc.) will be paid with an EFT on the 10th of the following month and tankwagon fuel delivery and cardlock fuel invoices will be discounted .02 cents per gallon.

You will receive your EFT notice two days before the withdrawal date. In order to expedite receipt of your notice, please indicate the email address where the notice may be sent.

Email \_\_\_\_\_

## DEBIT AUTHORIZATION

I (we) hereby authorize **Capital City Oil, Inc.**, hereinafter called **COMPANY**, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called **FINANCIAL INSTITUTION**, to debit the same to such account.

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\_\_\_\_\_  
(Financial Institution Name)

\_\_\_\_\_  
(Branch)

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\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State)

\_\_\_\_\_  
(Zip Code)

Type of account:     Checking             Savings

\_\_\_\_\_  
(Routing Number)

\_\_\_\_\_  
(Account Number)

This authorization is to remain in full force and effect until **COMPANY** has received written notification from me (or either of us) of its termination in such time and manner as to afford **COMPANY** and **FINANCIAL INSTITUTION** a reasonable opportunity to act on it.

\_\_\_\_\_  
(Company Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Individual Name)

\_\_\_\_\_  
(Date)

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!**

- All written debit authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the manner specified in the authorization.
  - Single entry reversals do not require authorization by the Receiver.



www.silverlakebank.com

**MAIN BANK  
TOPEKA**

**Jayhawk Plaza**  
PO Box 8330  
201 NW Hwy 24  
Topeka KS 66608  
phone: 785.232.0102  
fax: 785.232.4010

May 15, 2012

Mr. Marvin Spees  
Capital City Oil  
P O Box 618  
Topeka, KS 66601

RE: Secure Transmission of Electronic Funds Transfer Transactions

**TOPEKA**

**Gage Bank**  
2011 SW Gage Blvd  
Topeka KS 66604  
phone: 785.272.2270  
fax: 785.272.7303

**Southwest Bank**  
2100 SW Urish Rd  
Topeka KS 66614  
phone: 785.290.2270  
fax: 785.290.2273

**SILVER LAKE**

PO Box 69  
209 Railroad St  
Silver Lake KS 66539  
phone: 785.582.4651  
fax: 785.582.4120

Dear Marvin,

Silver Lake Bank offers our business customers the ability to originate electronic transactions for the collection of payments from their customers. These electronic funds transfer (EFT) transactions are facilitated through the use of the Federal Reserve Bank's Automated Clearing House system.

Business customers utilizing this service are trained to collect necessary information from their customers for proper posting to accounts at financial institutions throughout the United States. The training also addresses the requirement for the business customer to securely store the information received, whether on paper or electronically.

Silver Lake Bank offers a secure and encrypted method for the transmission of EFT files from our customers to our bank. The bank also has an encrypted connection to the Federal Reserve Bank for transmitting all files received for processing. The Federal Reserve Bank requires secure and encrypted connections for all financial institutions who participate in the exchange of electronic files.

In addition to the security procedures referenced above, Silver Lake Bank conducts an annual audit of EFT activity originated for our customers. No security related issues have been identified as a result of the audits.

We feel that the combination of training provided to our business customers, as well as the encryption features and the bank's annual audit help ensure that electronic funds transfers are a very safe and secure method for processing payments from your customers.

Please feel free to contact me if you have any questions or need additional information.

Sincerely,

A handwritten signature in black ink that reads "Brice W. Feldt". The signature is written in a cursive style with a large, prominent "B" and "F".

Brice W. Feldt  
Senior Vice President