

NEW ACCOUNT APPLICATION

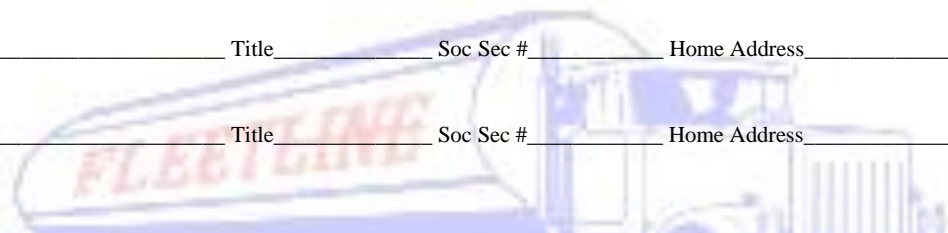
Name _____ Date _____
Company _____ FID Number: _____
Street Address _____ Years in business _____ Years at this location _____
City _____ State _____ Zip _____
Phone _____ Fax _____ E-mail _____
Accounts Payable Contact _____ Phone _____

Accounts Payable Email Address: _____

Principal (s) / Officers Information:

Full Name _____ Title _____ Soc Sec # _____ Home Address _____

Full Name _____ Title _____ Soc Sec # _____ Home Address _____



REFERENCES

Current Fuel or Lubricant Suppliers, if any:

Supplier 1 _____ Phone _____

Supplier 2 _____ Phone _____

Other Trade References:

Vendor 1 _____ Phone _____

Vendor 2 _____ Phone _____

Bank References:

Bank _____ Contact _____ Phone _____

Account No. _____ Address _____

Bank _____ Contact _____ Phone _____

Account No. _____ Address _____

Most recent year-end financial statements required: Attached _____ To be forwarded _____

TERMS OF SALE: If credit is extended to applicant, the undersigned agrees to pay for the balance due according to terms of sale; which are net 10 days. Payment is required from invoice and no statement will be mailed. Accounts with balances beyond our terms are subject to interruption of deliveries and/or 1.5% per month service charge on any outstanding past due balances. The undersigned agrees to pay, in the event of default, all reasonable attorneys' fees and the cost and expenses of collection of this account, and amounts due hereunder. The undersigned consents to the jurisdiction of Massachusetts courts for all action instituted hereunder, and agree that Massachusetts law shall govern. We accept the terms shown above and authorize Dennis K. Burke, Inc. to obtain information concerning the above statement so that our accounts can be opened.

Please fax application back to 617-344-0403

Authorized by _____ Title _____

Signature X _____ Date _____

INFORMATION BELOW WILL BE FILLED IN BY DENNIS K. BURKE, INC.

Originator _____ Date _____ Estimated Monthly Sales (\$) _____

Products: ___ Ultra Low Sulfur Diesel ___ #2 Heating Oil ___ Kero ___ Gasoline ___ Lubes
Approved Date _____ Amount \$ _____ Terms _____

Credit Manager Initial _____

Comments _____