



JSC Terminal, LLC, dba Midwest Terminal
PO Box 959 / 725 N. 5th Street
Paducah, KY 42002-0959
Phone: (270) 442-0362 / Fax: (270) 444-6224

C.O.D. CUSTOMER INFORMATION SHEET
NOT A CREDIT APPLICATION

Legal Name of Customer: _____ Date: _____

Street Address: _____

City, State, Zip: _____

Mailing Address (If Different): _____

City, State, Zip: _____

Date Established: _____ Email: _____

Phone #: _____ Fax #: _____

Type of Customer (Please Check):

Individual Proprietorship Partnership Corporation LLC Specify Other: _____

Federal Tax ID#: _____ Social Security # (If Individual/Proprietor): _____

Tax Status: (Check all that apply. Customers claiming any exemption MUST provide copies of all certificates and permits.)

Sales Tax Exempt: Yes No If Yes, #: _____ Attach Exemption Certificate
Federal Excise Tax Exempt: Yes No If Yes, #: _____ Attach Exemption Certificate
State Excise Tax Exempt: Yes No If Yes, #: _____ Attach Exemption Certificate

Type of Purchases (Check all that apply):

Gasoline Ethanol Blends Clear Diesel Dyed Diesel Clear Biodiesel Blends Dyed Biodiesel Blends
Kerosene Parts/Accessories Lubricants Chemicals Specify Other: _____

If purchasing Diesel, how will it be used?: On Road Commercial Off Road Farm Home Heat Commercial Heat

Payment Information (PAYMENT IS DUE UPON DELIVERY/PICKUP FOR COD ACCOUNTS):

Please indicate your method of payment: Cash Check Credit Card* EFT**

*Payments made with a Credit Card are subject to a Convenience Fee. Please fill out a Credit Card Authorization Form.

**Please fill out an EFT Authorization Form for payments made by EFT.

Tanks and Estimated Monthly Volume:

Please indicate your tank inventory including size and estimated monthly volume.

MIDWEST TERMINAL USE ONLY:

Product: _____ Tank Size: _____ Volume: _____ Rate: _____ Updated: _____

Product: _____ Tank Size: _____ Volume: _____ Rate: _____ Updated: _____

Product: _____ Tank Size: _____ Volume: _____ Rate: _____ Updated: _____

Directions or Special Instructions:

MIDWEST TERMINAL USE ONLY:

Main Acct#: _____ Alternate Acct#: _____ Acct Rec Updated: _____
Salesperson: _____ Mannatec Acct#: _____ Dispatch Updated: _____



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EFT/ACH DEBIT AUTHORIZATION AGREEMENT

Customer Name: _____
 Street Address: _____
 City, State, Zip: _____
 Contact Person and Phone #: _____
 Contact Email Address: _____
 FEIN#: _____ SS # (If Individual/Proprietor): _____

CUSTOMER named above authorizes JSC Terminal, LLC, dba Midwest Terminal, hereafter referred to as MWT, to initiate ACH debit entries and if necessary, ACH credit entries and adjustments for any amounts transacted in error to the asset account indicated at the DEPOSITORY named below, for all invoices due and payable on all accounts for said CUSTOMER with MWT according to pre-established and agreed upon terms for payment. CUSTOMER also authorizes below named DEPOSITORY to accept and to debit or credit the amount of such ACH entries to CUSTOMER’S account. Such ACH entries will be transmitted by US Bank, Paducah, Kentucky on behalf of MWT.

_____	_____
Depository Name (Bank/Branch)	Account # <input type="checkbox"/> Checking <input type="checkbox"/> Savings
_____	_____
Address	ABA Routing #
_____	_____
City, State, Zip	Phone#
_____	_____
Bank Contact	Fax#

This authority shall remain in effect continually and until 30 days after MWT and DEPOSITORY named above have received written cancellation notice from CUSTOMER and all purchases of petroleum products prior to receipt of cancellation have been paid.

CUSTOMER understands that a debit entry will only be accepted if sufficient funds are available in CUSTOMER’S account. CUSTOMER agrees to pay the greater of \$30 or the maximum amount allowed by law for each returned ACH debit entry from the DEPOSITORY. Upon notification, CUSTOMER agrees to make full restitution including all related fees for each returned ACH debit entry. CUSTOMER understands that failure to make restitution on any returned ACH debit entry places their account in default of pre-established terms and conditions and CUSTOMER hereby agrees to pay a minimum monthly finance charge of 1.5% per calendar month on the unpaid account balance until the account is paid in full.

_____	_____
Authorized Signature of Customer	Title
_____	_____
Printed Name of Signed Customer	Date Signed

MIDWEST TERMINAL USE ONLY

Authorized by: _____ Title: _____
 Factor Updated: _____ Singlepoint Updated: _____



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CREDIT CARD AUTHORIZATION AGREEMENT

Customer Name: _____

Credit Card Billing Address: _____

City, State, Zip: _____

Contact Person and Phone #: _____

Contact Email Address: _____

The CUSTOMER named above authorizes JSC Terminal, LLC, dba Midwest Terminal, hereafter referred to as MWT, to initiate credit entries and if necessary, debit entries and adjustments for any amounts transacted in error to the asset account indicated below, subject to the transaction limitation (if any) for all invoices due and payable on all accounts for said CUSTOMER with MWT according to the pre-established and agreed upon terms for payment. If not specified, the transaction limitation will be limited to the summed total of all invoices due from the CUSTOMER on all accounts according to the pre-established and agreed upon terms at the time of payment. The transaction limitation may be adjusted from time to time as mutually agreed by both parties.

Visa Mastercard Discover American Express

\$ _____
 Transaction Limitation (If any)

 Name as it appears on the card

 Expiration Date

 Credit Card#

 Card Security Code

This authority shall remain in effect continually until it is revoked in writing by the CUSTOMER or until the current information provided has reached the expiration date. The CUSTOMER understands that payment by credit card is subject to a Convenience Fee that will be added to the total transaction amount charged to the asset account listed above. The CUSTOMER further acknowledges that execution of their signature below whether original or by facsimile/telecopier will be legally binding.

 Authorized Signature of Customer

 Date Signed

MIDWEST TERMINAL USE ONLY

Authorized by: _____

Title: _____

Customer Acct#: _____

Date Approved: _____