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 Business/Proprietor ["Applicant"]:_____ Date Established_____
Billing Address:_____ State Incorporated:_____
Delivery Address (If Different):_____ County:_____
FEIN/SS#:_____ Phone#:_____ Fax#:_____
A/P Contact and Phone #:_____ A/P Email:_____

Type of Business (Please Check):

____Individual ____Proprietorship ____Partnership ____Corporation ____LLC ____Other/Specify:_____
Is Your Organization currently involved in a bankruptcy or declared insolvent? ___Yes ___No If Yes, when?:_____

Tax Status: *(Check all that apply. If yes, Customers MUST provide copies of all exemptions 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):

___Cardlock ___Gas/Eth ___Clr Dsl/Bio ___Dyd Dsl/Bio ___Kerosene ___Lubricants ___Chemicals ___Parts/Other
If purchasing Diesel, how will it be used?: ___On Road ___Commercial Off Road ___Farm ___Home Heat ___Commercial Heat

If using Cardlock, how many cards are needed? Please provide a PIN# for each card: _____

Payment Method: *Only EFT and Credit Card accepted.* **Choose One: _____EFT* _____Credit Card****

*Payments made by EFT are fee free and preferred. **Payments made with a Credit Card are subject to a Convenience Fee.
Please fill out a Payment Authorization Agreement and provide details for your preferred payment method.

Tanks and Estimated Monthly Volume:

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

Product:		Tank Size:		Volume:		**MWT USE ONLY:**	
Product:		Tank Size:		Volume:	Rate:		Updated:
Product:		Tank Size:		Volume:	Rate:		Updated:
					Rate:		Updated:

Directions or Special Instructions: _____

_____

_____

MWT USE ONLY

Main/CL Acct:		Ship-to Acct:		Tax Code:	
Price Level:		Tax Exempt (If Any):		Exempt Code:	
A/R Updated:		Approved By/Title:		Salesperson:	