

AGE REFINING, INC.

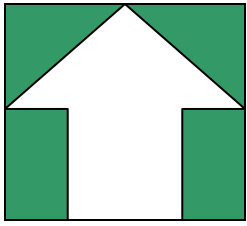
On behalf of our entire staff we would like to thank you for the opportunity to do business with your company. As per your request, please find attached a copy of our credit application.

Outlined below you will find a list of all the information required to process and consider your company for credit with AGE Refining, Inc. If you have any questions please do not hesitate to give your sales representative a call. All information must be received for prompt processing of your application.

- Completed Credit Application
- Copy of the last 3 months financial statements (accompanied by income statement, balance sheet, and cash flow statement) and a copy of the last fiscal year end audited or compiled financial statements.
- A letter on your company's letterhead stating AGE has full authority to check both bank and vendor references.
- State fuel permit if buying diesel or kerosene products
- If a personal guaranty is given, current financial statements or a current tax return is required for the guarantor.

The following guidelines are required in order to maintain a credit account with Age Refining, Inc., subject to approved credit limit:

- Credit terms are net 10 days for most products. Solvents are net 30 days.
- All past due accounts will be placed on credit hold until account is current.
- Past due accounts will be assessed a late fee penalty of 1.5% per month (18% per annum) of the past due amount (no exceptions).
- Any account that has no activity for more than 6 months will automatically be placed on COD status until current credit information is obtained and re-evaluated.
- Payment options preferred are EFT or wire transfer.



Credit Application

AGE REFINING, INC.

Company Name: _____ Phone No. _____

Division: _____

Subsidiary of: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (If Different) _____

City: _____ State: _____ Zip Code: _____

Type of Material to be Sold: _____

Frequency and Amount of Trades/Shipments: _____

Will Inventory be stored at this Company's Location: Yes: _____ No: _____

Anticipated Amount: \$ _____

Transportation Company Used: _____

Credit Line Requested :
\$ _____ Sales Term: _____

Future Commitment Period Requested-Months: _____

Anticipated Open Commitment Volume (Aggregate Quantity): _____

Please forward copies of Relevant Exemption Certificates for Tax-Free Sales

Signed Department Head: _____ Date: _____

AGE use only:
Credit Line Approved: _____

Approved By: _____ Date: _____

COMMENTS:

CORPORATE OFFICERS:

D&B REPORT INFORMATION

D&B Rating: _____

Date of Report: _____

Net Worth: _____

FEDERAL TAX I.D. NUMBER

Yearly Sales: _____

Number of Employees: _____

In Business Since: _____

Condition: _____

Principals: _____

CREDIT INFORMATION (Please complete or submit your company's internal form)

BANK REFERENCE: _____ Account Officer: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Tel # : _____

Fax #: _____

TRADE REFERENCES

Name: _____ Financial/Credit Manager: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Tel # : _____

COMMENTS: _____ Fax #: _____

Name: _____ Financial/Credit Manager: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Tel # : _____

COMMENTS: _____ Fax #: _____

Name: _____ Financial/Credit Manager: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Tel # : _____

COMMENTS: _____ Fax #: _____

Attach Copy of Financial Statements – Date: _____ Date Application Submitted: _____

Audited: Yes: _____ No: _____