



DO Inc.

502 El Camino Road - Gillette, Wyoming 82716
Office (307) 682-9049 - Toll Free (877) 682-9049 - Fax (307) 686-0867
www.dooilco.com

APPLICATION FOR CREDIT

NAME _____ EIN/SS _____
SOLE PROPRIETOR _____ PARTNERSHIP _____ CORPORATION _____
STREET ADDRESS _____ P.O. BOX _____
CITY _____ STATE _____ ZIP _____
PHONE _____ FAX _____ CELL PHONE _____
CONTACT PERSON _____
EST MONTHLY USAGE AMOUNT _____

CREDIT INFORMATION

NAME OF BANK OR BRANCH _____
PHONE _____ FAX _____
CITY _____ STATE _____ ZIP _____
PERSON TO CONTACT _____
LAST FUEL SUPPLIER _____

LIST THREE (3) CREDIT REFERENCES

1. _____

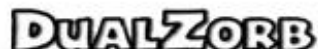
NAME	ADDRESS	
PERSON TO CONTACT	PHONE #	FAX #

2. _____

NAME	ADDRESS	
PERSON TO CONTACT	PHONE #	FAX #

3. _____

NAME	ADDRESS	
PERSON TO CONTACT	PHONE #	FAX #



CHARGE ACCOUNT AGREEMENT

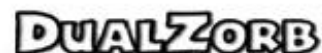
1. Full payment for all charges are due as follows –
 - Fuel Deliveries – All invoices must be paid in 20 days
 - Fuel Card – Usage is billed bi-monthly (1st and the 16th), each statement is due 20 days from the statement date
 - All other invoices are due 30 days from the date of the invoice

We strongly urge all customers to take advantage of our 1% 10 day discount, it's available on all invoices and statements. The discount is given from the invoice date, not the statement date, and is figured on the subtotal (we cannot discount sales tax).
2. Any unpaid balance at the cut-off will bear a FINANCE CHARGE.
3. The FINANCE CHARGE will be applied on the adjusted balance, determined by deducting all payments and credit during the previous period.
4. The monthly periodic rate used to compute the FINANCE CHARGE is 1.5% of the adjusted balance, corresponding to an annual percentage rate of 18%.
5. I agree to pay for all purchases made by me or my employees.
6. I agree to pay all reasonable collection costs and attorney's fees if collection of my account becomes necessary.
7. I understand that this credit application will be investigated, and authorize any company or bank to release information pertaining to my credit worthiness to D.O. Inc.
8. I have read and understand the above agreement, and the information supplied by me on this application is true and correct to the best of my knowledge, and that it is part of the agreement.

Signature

Date

*****PLEASE NOTE, THIS PAGE NEEDS TO BE SIGNED AND DATED BEFORE A CHARGE ACCOUNT CAN BE ESTABLISHED. WE CANNOT EXTEND CREDIT PRIVILEGES WITHOUT THIS DOCUMENT HAVING A SIGNATURE.**



PERSONAL GUARANTEE

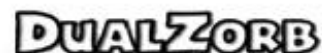
I/We,(Individuals Name) _____, for and in consideration of ONE DOLLAR (\$1.00) and other good and valuable consideration, the receipt and sufficiency of which is acknowledged, and of D.O., Inc. Extending credit accommodations to (Your Company Name) _____ (referred to as “Company”), we jointly and severally guarantee to D.O., Inc. The payment of any obligations of said Company including, but not limited to, attorney’s fees, costs, interest and finance charges or other amounts authorized to be charged to said Company and all other obligations incurred by said Company now presently owed and which may accrue after this date. We further agree to pay said amounts upon demand whenever the said Company shall fail to pay the same. It is understood and agreed that this should be a continuing guarantee and indemnity for such indebtedness of the said Company.

Dated this _____ day of _____, 20____.

Signature

Signature

CUSTOMER WORKSHEET



(For Those Requesting Cards)

Please list below, the vehicles you would like cards assigned to (i.e. 2000 GMC pickup), (unit numbers would also be appropriate) and the type of fuels they use (gas, or diesel).

<u>VEHICLE DESCRIPTION</u>	<u>FUEL TYPE</u> (gas or diesel)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____

Please list the names of all people who will be using the cards that you want pin numbers for:

<u>LAST NAME</u>	<u>FIRST NAME</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____

