



**1 • 877 • NELUBES**  
Commercial • Industrial • Agricultural • Automotive  
[www.northeastlubricants.com](http://www.northeastlubricants.com)  
[orders@glpetro.com](mailto:orders@glpetro.com)

4478 Johnston Parkway, Cleveland, OH 44128  
Phone: (216) 478-0507 Fax: (216) 475-8649

Thank you for the opportunity to be your lubricants provider. We are dedicated to providing high-quality products and excellent customer service. At this time we would like to provide you with some important information about our company.

Our normal lead time on deliveries is 2-3 business days. Orders received after 2:00 p.m. will be processed the next business day. We understand that emergencies do arise and we will try to meet your needs.

Northeast Lubricants' terms are net 30 days. We accept Checks, MasterCard, Visa and American Express. A convenience fee will be added to all orders paid for by credit card. All other payments should be sent to our office at: 4478 Johnston Parkway, Cleveland, Ohio 44128.

Lastly, enclosed are the following forms to be filled out by you and returned via fax to (216) 475-8649 or via email to [nelubes@glpetro.com](mailto:nelubes@glpetro.com) at your earliest convenience.

1. Credit Application
2. Tax Exempt Form **\*Naming Northeast Lubricants as the vendor\***

Should you have any questions, please feel free to contact me at (216) 478-0507. We look forward to serving you and value your business.

Sincerely,

Northeast Lubricants Customer  
Service Team



PLEASE SEND REMITTANCE TO:

NORTHEAST LUBRICANTS, LTD  
4478 JOHNSTON PARKWAY  
CLEVELAND, OH 44128

*TERMS: NET 30*

PLEASE SEND ALL CORRESPONDENCE TO:

NORTHEAST LUBRICANTS, LTD.  
4478 JOHNSTON PARKWAY  
CLEVELAND, OH 44128

NORTHEAST LUBRICANTS, LTD.  
FEDERAL TAX I.D. #: 31-1507422

ANY QUESTIONS PLEASE CONTACT OUR OFFICE AT (216) 478-0507

**NORTHEAST LUBRICANTS, LTD. (A division of Great lakes petroleum)**  
**CREDIT APPLICATION - NORTH**

**APPLICANT INFORMATION (TO BE COMPLETED BY APPLICANT)**

Company Name:		
Fed ID/SS#:	Phone:	FAX Phone:
Invoice Address:		
City:	County:	State & ZIP Code:
Email Invoices To:		
Email Statements To:		
Customer Contact Name:		
Delivery Address (Required) :		
City:	County:	State & ZIP Code:

NOTICE: IF YOUR APPLICATION FOR BUSINESS OR PERSONAL CREDIT IS DENIED, YOU HAVE THE RIGHT TO A WRITTEN STATEMENT OF THE SPECIFIC REASONS FOR THE DENIAL. TO OBTAIN A COPY OF THE STATEMENT, PLEASE CONTACT US WITHIN 60 DAYS FROM THE DAY YOU ARE NOTIFIED OF OUR DECISION. WE WILL SEND YOU A WRITTEN STATEMENT OF THE REASONS FOR THE DENIAL WITHIN 30 DAYS OF RECEIVING YOUR REQUEST FOR THE STATEMENT. THE FEDERAL EQUAL OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE (PROVIDED APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT), BECAUSE ALL OR PART OF THE APPLICANT'S INCOME IS DERIVED FROM ANY PUBLIC ASSISTANCE PROGRAM, OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING THIS CREDITOR IS THE FEDERAL TRADE COMMISSION, ECOA COMPLIANCE, WASHINGTON, DC 20581.

Bank Name:		
Bank Address:		Phone:
City:	State & ZIP Code:	FAX Phone:
Credit Reference Name:		
Credit Reference Address:		Phone:
City:	State & ZIP Code:	FAX Phone:
Credit Reference Name:		
Credit Reference Address:		Phone:
City:	State & ZIP Code:	FAX Phone:

Name of Person Responsible for Account (Required):

I UNDERSTAND TERMS FOR PAYMENT ARE NET 30 DAYS, UNLESS OTHERWISE SPECIFIED IN WRITING AND THAT ALL ACCOUNTS NOT PAID WITHIN TERMS ARE PAST DUE AND ARE SUBJECT TO A 1.5% PER MONTH FINANCE CHARGE (18% PER ANNUM) SUBJECT TO CHANGE WITHOUT NOTICE. ALL DELINQUENT ACCOUNTS MAY BE SUBJECT TO COLLECTIONS. APPLICANT AGREES TO PAY THE COSTS AND EXPENSES OF COLLECTION OF ANY AMOUNTS PAST DUE, INCLUDING FINANCE CHARGES, LEGAL EXPENSES, AND ATTORNEY FEES. AUTHORIZED SIGNER AGREES TO ACCOMPANYING TERMS AND CONDITIONS OF SALE. THE UNDERSIGNED UNCONDITIONALLY GUARANTEES THE FULL AND TIMELY PAYMENT WHEN DUE OF ALL THE OBLIGATIONS OF THE ABOVE-REFERENCED APPLICANT COMPANY DUE AND OWING TO NORTHEAST LUBRICANTS LTD.

Name:	Signature:	Date:
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**SET-UP INFORMATION (TO BE COMPLETED BY SALES REPRESENTATIVE)**

Sales Representative Name:	Phone:
Estimated Monthly Volume:	FAX Phone:

**PRODUCT / SHIPPING / TAX INFORMATION**

		For Office Use:	
Is Customer Tax Exempt? <i>(If Exempt, provide copy of Tax Exemption Certificate)</i>		Customer Class	

# EFT AUTHORIZATION

I (we) hereby authorize Great Lakes Petroleum, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for \_\_\_\_\_ . We acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law.

_____	_____		
(Financial Institution Name)	(Branch)		
_____	_____	_____	_____
(Address)	(City)	(State)	(ZIP)
_____	_____	Type of Account: _____	Checking
(Routing Number)	(Account Number)	_____	Savings

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

_____	_____
(Print Name of Authorizing Individual)	(Date)
_____	_____
(Signature of Authorizing Individual)	(E-Mail Address)

Please Attach Copy of VOIDED Check Here ...

All written authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the manner specified in the authorization.

Single entry reversals do not require authorization by the Receiver. Therefore, previous recommended language regarding the initiation of possible credit entries is no longer stated in the authorization.

The underlined language in the authorization above represents the disclosure requirement associated with the clarification of OFAC economic sanction policies upon ACH Network Participants.