

NORTHEAST LUBRICANTS, LTD.

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. Credit card orders will incur a 3% fee to the order. Our remittance address is: 4478 Johnston Parkway, Cleveland, Ohio 44128.

Lastly, I have enclosed the following forms to be filled out by you and faxed back to (216) 475-8649 as soon as possible.

1. Credit Application (fax back)
2. State of Ohio Tax Exempt Form **\*Naming Northeast Lubricants as the vendor\*** (fax back - if applicable)

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,

Eileen Zemko  
Office Manager

# NORTHEAST LUBRICANTS, LTD.

A DIVISION OF GREAT LAKES PETROLEUM  
4478 JOHNSTON PARKWAY  
CLEVELAND, OH 44128  
(216) 478-0507 SALES OFFICE  
(216) 475-8649 FAX  
nelubes@glpetro.com

## 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.

## CREDIT APPLICATION

### 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 PROCEDURES. BUYER AGREES TO PAY THE COSTS AND EXPENSES OF COLLECTION OF AMOUNT OF PAST DUE, INCLUDING FINANCE CHARGES, LEGAL EXPENSES, AND ATTORNEY FEES. AUTHORIZED SIGNER AGREES TO ACCOMPANYING TERMS AND CONDITIONS OF SALE.

Name:

Signature:

Date:

### SET-UP INFORMATION *(TO BE COMPLETED BY SALES REPRESENTATIVE)*

Sales Representative Name:

Phone:

Estimated Monthly Volume:

FAX Phone:

### PRODUCT / SHIPPING / TAX INFORMATION

Is Customer Tax Exempt?

*(If Exempt, provide copy of Tax Exemption Certificate)*

For Office Use:

Customer Class



# Sales and Use Tax Blanket Exemption Certificate

The purchaser hereby claims exception or exemption on all purchases of tangible personal property and selected services made under this certificate from:

**NORTHEAST LUBRICANTS, LTD.**

*(vendor's name)*

and certifies that the claim is based upon the purchaser's proposed use of the items or services, the activity of the purchase, or both, as shown hereon:

***Purchaser must state a valid reason for claiming exception or exemption.***

\_\_\_\_\_  
*Purchaser's name*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City, State, ZIP code*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date signed*

\_\_\_\_\_  
*Vendor's license number, if any*

Vendors of motor vehicles, titled watercraft and titled outboard motors may use this certificate to purchase these items under the "resale" exception. Otherwise, purchaser must comply with either rule 5703-9-10 or 5703-9-25 of the Administrative Code.

This certificate cannot be used by construction contractors to purchase material for incorporation into real property under an exempt construction contract. Construction contractors must comply with rule 5703-9-14 of the Administrative Code.