



SAPP BROS., INC.

APPLICATION FOR CHARGE ACCOUNT PRIVILEGES

P.O. Box 45305, Omaha, NE 68145-0305 Phone: (402) 895-7038 Email: expresscard@sappbros.net

Charge account privileges are valid at all of the following Sapp Bros. locations:

- | | | | |
|------------------------|----------------------|---------------------------|--------------------------------------|
| ● Salt Lake City, Utah | ● Ogallala, Nebraska | ● Fremont, Nebraska | ● Council Bluffs, Iowa |
| ● Denver, Colorado | ● Odessa, Nebraska | ● Omaha, Nebraska | ● Sioux City, Iowa |
| ● Cheyenne, Wyoming | ● York, Nebraska | ● Lincoln, Nebraska | ● Le Mars, Iowa |
| ● Sidney, Nebraska | ● Columbus, Nebraska | ● Junction City, Kansas | ● Nebraska City, NE/ (Percival Iowa) |
| | | ● Harrisonville, Missouri | ● Peru, Illinois |
| | | | ● Clearfield, Pennsylvania |

Name: _____ Phone: _____

Address: _____

City _____ State: _____ Zip: _____

Corporation Partnership Individual(s) Fed. ID: _____ Soc. Sec. #: _____

Please list full name of officers, partners and/or owner(s): _____

_____ D.O.T. #: _____

Email Address: _____ Dun & Brad Rating #: _____

Accounts Payable Contact: _____ Number of Units (Trucks): _____

Year business started: _____

Desired Line of Credit Amount: \$ _____

Authorized Items to Be Charged (NO INVOICES WILL BE MAILED)

Fuel & Truck Expense

Shop Only

Fuel & Truck Expense & Shop

<i>For Office Use Only</i>			
Approved By _____	Date _____	Acct. # _____	Acct. Type _____

References

Bank Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Account number: _____	Bank Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Account number: _____
Business Reference: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Account number: _____	Business Reference: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Account number: _____

I have completed the credit application for the purpose of obtaining credit. I certify the information is true and authorize Sapp Bros., Inc. to make a credit investigation now or in the future. I also authorize creditors to release information regarding my credit now or in the future. I understand and agree that a facsimile of this application with my signature shall be deemed an original.

Applicant agrees to pay, in full, all charges except those incurred through unauthorized use of this credit, upon receipt of semi-monthly statements. This is not a revolving charge agreement. Applicant acknowledges that accounts not paid in full upon receipt of statement will be subject to a late charge of 1.33% per month (16% per annum.) Authorized use of this credit will be your acceptance of the terms of this Credit Agreement. The Customer agrees to pay all of Company's costs of collection, including court costs, legal and administrative expenses, and attorney fees paid or incurred by the Company in endeavoring to collect the sums due and owing by the Customer, whether incurred at the pretrial or by the appellate levels. When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

Authorized Signature _____ Title: _____ Date: _____

Guaranty Agreement
IN CONSIDERATION of the granting of credit to:

_____ ("the Company")

by **SAPP BROS., INC.** the undersigned, a principal of the Company, hereby personally and unconditionally guarantees prompt payment of any and all amounts at time or to become due to **SAPP BROS., INC.** by reason of its credit or advancing of funds to the Company, its employees or agents.

SAPP BROS., INC. shall not be required to first proceed against the Company on any past due obligations; this Guaranty being absolute in respect to prompt payment. The undersigned charges his separate property which is now owned or hereafter acquired, and waives notice of the granting of credit from time to time by SAPP BROS., INC. to the Company as well as waives notice of any nonpayment by the Company of accounts when due.

If credit is granted, Applicant agrees that the Company, without further notice, may setoff and apply any amounts the Company may from time to time owe the Applicant for whatever reason against any unpaid past due credit balance or other debt of the Applicant.

This Guaranty shall continue indefinitely and nothing shall affect the liability of the undersigned except written notice of the discontinuance thereof, but such termination shall not affect then existing obligations of the Company and the liability of the undersigned with respect thereto shall continue and be binding upon his heirs, administration, successors and assigns.

Date: _____

Owner: _____ Home Address: _____

Owner: _____ Home Address: _____

Witness: _____

Return to: Sapp Bros., Inc. P.O. Box 45305 Omaha, NE 68145-0305
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AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER

Sapp Bros., Inc. 9915 S. 148th St. Omaha, NE 68138-0305
Phone: (402) 895-7038 Toll Free: (800) 233-4059 Email: credit@sappbros.net

COMPANY NAME: _____

ADDRESS: _____

EFT Contact person within your organization:

Name: _____ Email address: _____

Phone Number: _____

Purpose of this form is to set up an EFT Account:

Financial Institution: _____

Financial Institution Address: _____

Type of Account: Routing Number: _____

Checking Account #: _____

Savings Account #: _____

I hereby authorize Sapp Bros., Inc. to initiate variable entries to the account indicated above and the financial institution named, to debit or credit the same to such account. I also authorize Sapp Bros., Inc. to release any of the above information as deemed necessary to enable each payment by electronic funds transfer. This authorization is to remain in full force and effect until Sapp Bros., Inc. has received written notification from me of its termination in such time and manner as to afford the Company a reasonable opportunity to act on it.

I declare that I have examined this application, and to the best of my knowledge and belief, it is correct and complete.

Signature: _____ Title: _____ Date: _____

INTERNAL USE ONLY:

Account #: _____

EXPRESS CARD APPLICATION



SAPP BROS., INC.
P.O. Box 45305
Omaha, NE 68145-0305
Phone (402) 895-7038

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

After Hours Phone: _____

Email Address: _____

Primary Contact: _____

CARD TYPE: Please select driver prompting options for the card you are choosing.

OPTIONS	DIESEL CARD	GAS CARD	\$ LIMIT (Per day/per card)	# of TRANSACTIONS (Per day/per card)	AUTHORIZED PRODUCTS (check all that apply)
Truck-Unit Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$150	<input type="checkbox"/> 1	<input type="checkbox"/> Diesel
Mileage-Hub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$500	<input type="checkbox"/> 2	<input type="checkbox"/> Gas
Driver ID Number	<input type="checkbox"/>		<input type="checkbox"/> \$1,000 (Default)	<input type="checkbox"/> 3 (Default)	<input type="checkbox"/> Oil / Antifreeze
Plate Number	<input type="checkbox"/>		<input type="checkbox"/> \$1,500	<input type="checkbox"/> 4	<input type="checkbox"/> Additives / Windshield Solvent
Trip Number	<input type="checkbox"/>		<input type="checkbox"/> \$2,500	<input type="checkbox"/> 6	<input type="checkbox"/> DEF
PO Number	<input type="checkbox"/>			<input type="checkbox"/> 15	<input type="checkbox"/> Scales
Trailer Number	<input type="checkbox"/>				<input type="checkbox"/> No Restriction on Purchases

NUMBER OF CARDS: _____

By accepting this card, I assume responsibility for the card and will be accountable for all charges made with the card. This card is not transferable and may not be used by anyone other than the cardholder. By signing this application, I state that I have the authority and I understand and agree to the terms and conditions.

Signature: _____ Date: _____

TO REPORT A CARD LOST OR STOLEN, PLEASE CALL 402-575-4232