



ARNOLD OIL COMPANY of Austin, LP  
 ARNOLD OIL COMPANY Fuels, LLC  
 TEXAS TPC, LTD  
 5909 Burleson Road  
 Austin, Texas 78744

**Cash Account Application only:**

**1. Applicant Legal Business Name:** \_\_\_\_\_

d/b/a \_\_\_\_\_

Fed ID \_\_\_\_\_ in business since: \_\_\_\_\_

**2. Address** \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_

Street City State Zip

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Email \_\_\_\_\_

(if more than one ship to address, please attach list.)

**3. Tax Exemptions:**

a. Are Lube and Parts Purchases Sales Tax Exempt? \_\_\_\_\_ Sales Tax Exempt # \_\_\_\_\_

b. Is customer buying Dyed Diesel? \_\_\_\_\_ Dyed Fuel Exempt # \_\_\_\_\_

**If yes to any above, please attach all Tax Exempt Certificates along with a W-9.**

4. Are Customer's purchases being paid with Cash \_\_\_\_\_ (if yes skip to 6) with Credit Card \_\_\_\_\_ (if yes skip to 6) Check\* \_\_\_\_\_ (if yes, complete remainder of 4 below)

\* Required Information on all Check Writers on the account.

\_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_  
 a. Name Address City State Zip

\_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_  
 Social Security # Texas Driver's License # Date of Birth

**5. \*Banking Information:**

**BANK NAME ACCOUNT# TELEPHONE# CONTACT NAME**

6. Applicant's principal business activity: \_\_\_\_\_

**The undersigned acknowledge(s) and agrees to the following:**

7. The undersigned agrees to notify the **Company** of changes in name, address, ownership or legal entity.

8. Unless a specific written warranty signed by **Company's** authorized representative is given to applicant, all goods and services are sold "AS IS", without warranties, express or implicit, as to fitness, merchantability, or otherwise, except as to any manufacturers warranties which will remain in effect between manufacturer and customer. **Company** cannot recover consequential damages. All returned checks shall be assessed a \$30.00 charge, plus additional sales tax per occurrence.

\_\_\_\_\_  
 Signature of Principle or Registered Agent Today's Date

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Title

***Please give this completed application to your salesman or mail, fax, email it to the attention of Credit Department, fax (512)476-7711, email; [credit@arnoldoil.com](mailto:credit@arnoldoil.com)***

office use only:  
 Account # approved by date approved Salesperson Loc Price