VESCO OIL CORPORATION

Dear Valued Customer:

In order to process your request for credit, we require a Vesco Oil Credit Application be filled out, signed and submitted to the Credit Specialist to establish an account.

If you have submitted a credit information sheet, simply fill out the top portion of the Credit Application, sign, date and fax the application back to 248-557-7082, or return by email to ar@vescooil.com.

Your cooperation is greatly appreciated.

Very truly yours,

Vesco Oil Corporation

16055 W. 12 Mile Road PO Box 525 Southfield, MI 48037-0525 (248) 557-1600 Fax (248) 557-7082

VESCO OIL CORPORATION

CONFIDENTIAL CREDIT APPLICATION

Company Name:			
Billing Address:	City	State	Zip
Phone#	Fax#		
Shipping Address:	City	State	Zip
Type of Business	Date Established:		
Fed ID#	DUNS#	PO Required (Y/N)	N/A
Accounts Payable Contact:	Purchasing Agent:		
Credit Line Requested?	TYPE OF BUSINESS:		
Statement Required: (circle one) ☐ Yes No ☐	Emailed?		
		(Email Address)	
Management Members and Owners:			
Name/Title			
Address			
SS#			
Name/Title			
Address			
SS#			
Three Trade References, Addresses and Phone Numbers			
Bank	Account#	Phone#	Officer
Address	City	State	Zip

The above information is provided for the purpose of extending credit to our company on your payment terms. To the best of our knowledge and belief, the information is accurate and may be relied upon in making your credit decision. We authorize our bank and suppliers to furnish you any information necessary to complete your evaluation of our credit history. If invoices are not paid when due, the applicant agrees to pay a late payment charge of one and one-half percent (1-1/2%) per month on the unpaid balance (annual percentage rate of 18%) or the maximum allowed by law, whichever is less. The applicant agrees to pay any and all costs and expenses, including reasonable attorney fees, incurred by Vesco Oil, in collecting past due accounts. REV 3.0

Signature _____ Title _____ Date _____

16055 W. 12 Mile Road PO Box 525 Southfield, MI 48037-0525 (248) 557-1600 Fax (248) 557-7082

Michigan Department of Treasury
3372 (Rev. 02-25)

Michigan Sales and Use Tax Certificate of Exemption

This exemption claim should be completed by the purchaser, provided to the seller, and is not valid unless the information in all four sections is complete. Do not send a copy to Treasury unless one is requested.

SECTION 1: TYPE OF PURCHASE Check one of the following:

☐ A. One-Time Purchase
Order or Invoice Number: _____

☐ B. Blanket Certificate. Recurring Business Relationship

☐ C. Blanket Certificate
Expiration Date (maximum of four years):_____

The purchaser completing this form hereby claims exemption from tax on the purchase of tangible personal property or services purchased from the seller named below. This claim is based upon: the purchaser's proposed use of the property or services; OR the purchaser's exempt status.

Seller's Name and Address

SECTION 2: ITEMS COVERED BY THIS CERTIFICATE

Check one of the following:

1. ☐ All items purchased.
2. ☐ Limited to the following items: _____

SECTION 3: BASIS FOR EXEMPTION CLAIM

Check one of the following:

1. ☐ For Lease. Purchaser will lease the property and elects to pay tax based on rental receipts. Enter sales tax license or use tax registration number:_____
2. ☐ For Resale at Retail. Enter Sales Tax License Number: _____
3. ☐ Direct Pay - Authorized to pay use tax on qualified transactions directly to Michigan Treasury under account number: _____

The following exemptions DO NOT require the purchaser to provide a number:

4. ☐ Agricultural Production. Enter percentage: _____%
5. ☐ Government Entity (U.S. or its instrumentalities, State of Michigan or its political subdivisions), Nonprofit School, Nonprofit Hospital, Church or House of Religious Worship (circle type of organization)
6. ☐ Contractor (provide *Michigan Sales and Use Tax Contractor Eligibility Statement* (Form 3520)).
7. ☐ For Resale at Wholesale.
8. ☐ Industrial Processing. Enter percentage: _____%
9. ☐ Nonprofit Internal Revenue Code Section 501(c)(3), 501(c)(4), or 501(c)(19) Exempt Organization.
10. ☐ Nonprofit Organization with an authorized letter issued by Michigan Department of Treasury prior to July 17, 1998 (sales tax) or June 13, 1994 (use tax).
11. ☐ Rolling Stock purchased by an Interstate Motor Carrier.
12. ☐ Other (explain): _____

SECTION 4: CERTIFICATION

I declare, under penalty of perjury, that the information on this certificate is true, that I have consulted the statutes, administrative rules and other sources of law applicable to my exemption, and that I have exercised reasonable care in assuring that my claim of exemption is valid under Michigan law. In the event this claim is disallowed, I accept full responsibility for the payment of tax, penalty and any accrued interest, including, if necessary, reimbursement to the vendor for tax and accrued interest.

Business Name		Type of Business (see codes on page 2)
Business Address	City, State, ZIP Code	
Business Telephone Number (include area code)	Name (Print or Type)	
Signature	Title	Date Signed

VESCO OIL CORPORATION

RE: ELECTRONIC SDS

Dear Valued Customer:

In an effort to provide you with a higher level of customer service, and enhance your workers' health and safety, Vesco Oil offers three methods to receive your SDS sheets. First we have implemented a system that eliminates the need for your company to maintain a hard copy of your SDS sheets. These documents are often very lengthy and cumbersome documents, and do not necessarily provide workers convenient access to vital safety information.

Self-Retrieval:
This method offers convenience at your fingertips. Vesco Oil carries an extensive line of products, from a wide range of manufacturers. This system gives you, or anyone in your organization, the ability to have unlimited and immediate access to the most recent version of an SDS through our website at www.vescooil.com. If you choose to access these documents electronically, you or your staff will simply need to click on the "SDS" link, and will be able to perform a simple search for any document in our library.

Email:
If the SDS has changed since you last purchased the product or if it is a first time purchase for a product, we will email the SDS sheet to you automatically. Emails can be site specific to make sure your employees have the latest information at their fingertips. The SDS sheet can then be stored on your in house systems for easy retrieval without printing.

Fax:
Faxing offers the same benefits as email with the major difference being the amount of paper it utilizes and the storage space consumed.

Vesco must have express authorization to discontinue providing hard copies of SDS sheets to your organization. As such, please mark your electronic receipt selection on the attached Electronic SDS Election Form and return to the fax number or email address on the form. Please be sure the form is signed by an authorized representative of your organization, responsible for workers' health and safety.

VESCO OIL CORPORATION

ELECTRONIC SAFETY DATA SHEET ELECTION FORM

Vesco Customer # (If known): _____

Customer Address: _____

Site Address: _____

_____

_____

☐ We will conduct self-retrieval of all SDS sheets.

☐ We are requesting Vesco Oil to Email all SDS sheets to: _____

☐ We are requesting Vesco Oil to Fax all SDS sheets to: _____

Authorized Agent Name: _____

Authorized Agent Signature: _____

Authorized agent title: _____

Date of signature: _____

This authorization applies to: ☐ SITE ONLY ☐ ALL COMPANY SITES