



horizonresources
Solutions for your success.

317 - 2nd Street West Williston, ND 58801

T 701-572-2171 1-800-247-1584

F 701-572-0601

BUSINESS CREDIT APPLICATION

Attached is the application for an account with Horizon Resources. Please fill out completely and return it to the following address:

Accountsreceivable@horizonresources.coop

Or mail it to:

Horizon Resources

317 2nd Street W

Williston ND 58801

Horizon Resources offers Cardtrol cards at no additional cost for your convenience at the pump. If you are interested, please fill out the portion of the application for Cardtrol along with your credit application.

Please allow 3 to 5 business days for your new account to be processed. Be sure to complete all information requested on the application. Incomplete applications may delay the process. If you have any questions, please contact the main office at 701-572-2171.

Thank you for choosing Horizon Resources!
Solutions for your success.

Sincerely,
Credit Department



horizonresources

Solutions for your success.



Ph: (701) 572-2171 Fax: (701) 572-0601

Products Planning to Purchase <input type="checkbox"/> Bulk Fuel <input type="checkbox"/> Propane <input type="checkbox"/> Tank Purchase/Lease <input type="checkbox"/> Fertilizer/Agronomy products <input type="checkbox"/> C-Store/Hardware/Shop Charge Account <input type="checkbox"/> Cardrol Fuel cards <input type="checkbox"/> All Around Feed and Supply, Watford City		Anticipated monthly credit: <input type="checkbox"/> Under \$10,000 <input type="checkbox"/> Over \$10,000 *Propane users must sign a new "Propane Policy" *	
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Legal Business Name	Trade Name	DBA	
Phone	Fax		
Billing Address	City	State	Zip Code
Mailing Address	City	State	Zip Code

Business Is a: Corporation LLC Partnership Proprietorship

Year Started _____ State of Inc. _____ Federal I.D.: _____

Are You a: Subsidiary Division (if yes, check which)

Parent Company Name: _____ Address _____

City: _____ State: _____ Zip: _____

A/P Contact _____ A/P Email _____

A/P Phone _____

Guarantor Full Name: _____ Social Security Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____

Email _____ Relationship to Applicant: _____

Bank References

Name	Contact Name	Phone No
Street Address	City, State, Zip Code	Date Opened

Type of Account Checking No _____ Saving No _____ Loan No _____

Trade References

1. Name	Contact Name	Phone No.
Street Address	City, State, Zip Code	Account No.
2. Name	Contact Name	Phone No.
Street address	City, State, Zip Code	Account No.
3. Name	Contact Name	Phone No.
Street Address	City, State, Zip Code	Account No.

Each of the undersigned hereby guarantees full payment of all present and future indebtedness of the applicant. This guarantee is open and continuous and is given to induce Horizon Resources to extend credit to the applicant(s). This personal guarantee shall remain effective until revoke by the undersigned by notice in writing to Horizon Resources. However; such a revocation shall be effective only to amounts due which arise out of the new contracts or transactions entered into more than 30 days after receipt of notice by Horizon Resources. Such notice must be given by certified mail to Horizon Resources. At any time Horizon Resources may without notice, extend credit to applicant or modify, renew, extend, or compromise any indebtedness' take subordinate, or release any security interests; release applicant or any other guarantor from any liability for indebtedness and otherwise deal with applicant and other guarantors in any manner deemed fit, without waiving the effectiveness of this personal guarantee. Each guarantor waives presentment, demand, protests and notice of any kind. If there is more than one guarantor, the obligations are joint and several. Horizon Resources may bring a separate action against any guarantor without first proceeding against the applicant or any other person or security, and without pursuing any other remedy. In any proceeding to interpret or enforce this personal guarantee, Horizon Resources shall be entitled to recover all of its cost and attorney fees from any personal guarantor. All notices regarding this personal guarantee must be sent to Horizon Resources at: 317 2nd Street West, Williston, ND 58801.

You further acknowledge that you have read and accept the terms of this agreement included on all pages of this application. You authorize us to contact references and obtain financial information, including but not limited to credit report on applicant, now and in the future as we deem necessary. You understand that we will retain this application whether or not it is approved.

I hereby authorize Horizon Resources and its representatives to investigate any references or other data given by me pertaining to my credit and financial responsibilities. Further, I agree to pay this account in full by the 15th of each month following any and all purchase, finance charges, and fees. In the event payment is not prompt, a monthly service charge of 1.5% will be added to the unpaid balance until paid; unless otherwise agreed upon by Horizon Resources and the applicant, in writing, previous to initial purchase made. If the account becomes 60 or more days past due my charging privileges will be suspended, without notice, until the account is brought current.

HORIZON RESOURCES IS NOT RESPONSIBLE FOR PROVIDING PURCHASE ORDER NUMBERS, YARD NUMBERS, WORK ORDER NUMBERS OR ANY OTHER DATA REQUIRED BY YOUR COMPANY, ASIDE FROM A PRINTED NAME AND SIGNATURE-IF A REPRESENTATIVE FOR YOUR BUSINESS ACCOUNT IS AVAILIALBE AT THE TIME OF DELIVERY OF PRODUCT.

YOUR COMPANY, ITS EMPLOYEES AND REPRESENTATIVES ARE SOLELY RESPONSIBLE FOR PROVIDING THE ABOVE OUTLINED INFORMATION.

LACK OF ANY INFORMATION LISTED ABOVE AND/OR REQUIRED BY YOUR COMPANY DOES NOT RELEASE YOUR COMPANY FROM PAYMENT-IN-FULL OF THE CHARGE, INCLUDING ANY FINANCE CHARGES.

HORIZON RESOUCES WILL PROVIDE AN ITEMIZED INVOICE FOR EACH TRANSACTION AT THE TIME OF PURCHASE/DELIVERY (EXCLUDING CARDTROL PURCHASED), WHICH WILL INCLUDE: INVOICE AMOUNT TOTAL, INVOICING NUMBER, INVOICING DATE, AND PRINTED NAME/SIGNATURE OF PURCHASING AGENT.

A W-9 is required to open both personal and business accounts.

Business Signature:	Title:	Date:
Co-Applicant Signature:	Title	Date:
Guarantor Signature:	Date:	

***For Credit Requests over \$10,000 - Please attach a current signed balanced sheet.**

Financial Information:

Balance sheet as of _____ for _____ (Name of individual or business) or, please attach your most recent balance sheet. (Note: all information must be completed to receive consideration for any credit limit requests greater than \$10,000)

1. In the agreement "you" and "your" is the applicant(s), and "we", "us" or "our" is Horizon Resources.
2. You agree to pay us for the credit extended on this account pursuant to this agreement, together with all applicable charges. You agree that this account shall be used only for business or agricultural purposes and not primarily personal, family or household. In any event, you agree to pay us for all credit extended, along with all applicable charges, regardless of the purpose for which you use the account.
3. You will receive a monthly account statement showing the purchases for the prior month. You agree to pay the entire balance showing on your account statement by the payment due date, and you understand that we may impose a FINANCE CHARGE OF 1.5% PER MONTH (Which is an annual rate of 18%) or as applicable according to state law, if any portion of your balance remains unpaid beyond that date.
4. We retain the right to set a credit limit, and this is the maximum amount you may charge on your account. We may refuse to extend any additional credit at any time.
5. The finance charge on the account is computed by adding the balance outstanding each day in the billing period divided by the number of days in that period. The balance outstanding each day is determined by adding any purchases and charges and subtracting payments and credits from the balance outstanding. The minimum charge is Fifty Cents per month. Interest may be compounded at our discretion if permitted by law.
6. Payments shall be applied first to the unpaid FINANCE CHARGE, then to the remaining outstanding balance.
7. In the event that collection proceedings are instituted to collect any balance due, you agree to pay all collection costs, including attorneys' fees, legal expenses and other costs and expenses to collect any debt or enforce any right under this agreement.

8. If applying for a joint account, you each agree to be bound by the terms of this agreement and shall be jointly and severally liable for payment of all purchases made under this agreement.

9. If you: (A) fail to make a payment when due: (B) breach any obligation under this agreement: (C) make any false statements to us: or (D) furnish any false or misleading information, we may suspend at our option: limit, suspend or cancel your account: accept late or partial payments without losing any rights' require the immediate payment of the outstanding balance, including finance charges or take any other actions or take any other action permitted by law. Termination does not affect your obligation to pay your existing balance.

10. To the extent permitted by law, if any check or other payment you present to us is returned unpaid, you may be assessed a dishonored payment fee under this agreement.

11. We may change the terms of this agreement at any time and will notify you in advance of the changes in writing. Your continued use of the account will indicate acceptance of any change.

12. We may from time to time request information for the purpose of conducting a credit review for insuring payment, and you agree to furnish information requested by us within a reasonable period. Further you authorize us to investigate your credit record, and you understand we may obtain a credit report. You authorize us to furnish information about your account to credit reporting agencies and others who lawfully may receive it. Further, we are authorized to check your credit and employment history and to answer questions about your credit experience with us. You also authorize your bank/lending institution to provide a credit reference and your current financial statement to us. If required, a photocopy of this credit application is authorized for the bank and trade references to provide necessary credit information.

13. We are not bound by a notation or "paid in full" that accompanies any payment if the payment is not for the total outstanding amount.

14. You agree to notify us immediately of any questions about a statement or change in address.

15. No delay or omission to exercise rights will impair any such rights or will be a waiver of any default or rights.

16. Facsimile or electronic copies of signatures shall be deemed original signatures for all purposes related to this agreement.

17. We are authorized to file a lien as allowed by state law.

18. Until notified in writing to the contrary by the patron. Horizon Resources may assume that the patron's spouse, children over the age of sixteen years. employees, and agents are authorized to purchase goods or services and charge them to the patron's account.

19. In the event that applicant owns multiple accounts, we will not transfer invoices between accounts without written agreement signed by authorized parties representing each account.

Business Signature:	Title:	Date:
Co-Applicant Signature:	Title:	Date:
Guarantor Signature:		Date:

For Horizon Resources Office Use Only

Date Received:	Date Processed:		
Application Status:	Credit Limit:	Date:	By:

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
	<p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) ▶ _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p>	<p>Requester's name and address (optional)</p>
	<p>6 City, state, and ZIP code</p>	
	<p>7 List account number(s) here (optional)</p>	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
or					
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 70%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What Is backup withholding, later.*

Account # _____

Exp Date _____

Cardtrol Credit Application

Name On Account _____

Name requested on card if different (Business Name)

Who to Contact when cards arrive: _____ Phone: _____

Number of Gallons per fill requested: 50 / 150 / 250 Gas/Diesel # of Cards _____

Will the cards have any identifying Names or Truck numbers on them? If so, please list:

I agree to pay this account in full by the 10th of the month following purchases. In the event payment is not prompt, a monthly service charge of 1.5% will be added to the unpaid balance until paid. If account becomes 60 days past due my Cardtrol card may be suspended and/or cancelled until account is brought current. I further agree to pay all costs of collection, including a reasonable attorney's fee, if that becomes necessary.

Signature _____ Date _____
