

Whitehead Oil Company is working with your homeowner's association to provide fuel for the new private marina they have installed. As a private marina owned by the association, there are certain benefits and ease of operation that we can provide for you. The fuel will be 91 octane Premium Unleaded with no ethanol. The price of the fuel will be benchmarked at \$.15 over the street price in Ashland. You will be able to purchase key fobs from us that will link your purchases to your in-house account that will be billed monthly. Key fobs will be \$15 each, and you can purchase as many key fobs as you like. If you could please fill out this form & return to Whitehead Oil Company at your earliest convenience, we would greatly appreciate it.

Primary contact information for the account:

Name _____

Phone # _____

Address _____

Number of FOBS _____

FOB Names (if applicable) 1. _____ (i.e. boat, jet ski, etc)
2. _____
3. _____
4. _____
5. _____

All statements and EFT notifications are emailed. Please provide at least one valid email address.

Email Address(es) _____

Please indicate if you would you like to send us a check for your bill or if you would like the payment via EFT from your account:

Check _____

EFT _____ (if you choose EFT, we will email an ACH Authorization form to you)

You can either mail this information back to Whitehead Oil Company at 2537 Randolph St., Lincoln, NE 68510 or **email it to Shari@u-stop.com.**

Thank you very much for your time and your future business. Your key fob(s) will be distributed to you as soon as we have everything in place. If you have any further questions, please feel free to contact us at the number listed below.

Shari Luetchens
Accounts Receivable Representative
shari@u-stop.com
402-435-3509

Stacy Nordmeyer
Controller
stacy@u-stop.com
402-435-3509

**WHITEHEAD OIL COMPANY
ACH/DRAFT AUTHORIZATION**

Complete this form and return along with a voided check.

Fax to (402) 435-5881 Attn: Stacy Nordmeyer or scan and Email to Stacy@u-stop.com

Customer Name _____

Email address _____

Bank Name _____

Bank Location (City/State) _____

Bank Account Number _____

Bank Routing Number _____

Please Select One: Checking Account _____ Savings Account _____

This form must be received 10 days prior to first use.

The undersigned authorize Whitehead Oil Company to take payments electronically from the account referenced above. I understand if the above date is on a weekend or holiday, the payment will be posted the next business day. In the event a payment is not honored by my financial institution I authorize Whitehead Oil Company to repeat attempts to draw the funds, with late charges and applicable fees added, on up to two additional occasions per month without additional authorization.

Signature _____ Date _____

Signature _____ Date _____

If you have any additional questions, please contact Stacy Nordmeyer at (402) 435-3509 or at Stacy@u-stop.com

****IF YOU SELECTED A CHECKING ACCOUNT ABOVE PLEASE ATTACH A COPY OF YOUR VOIDED CHECK WITH THIS FORM****