



The very best choice for sustainable energy solutions that reduce emissions for a cleaner tomorrow.

Counterparty Setup Packet

Requested Information

Credit Application
New Customer Form
EFT Authorization
Voided Check or Bank Confirmation Letter
New Supplier Form
W-9
Tax Exempt Forms (if applicable)

Please complete and return the above information to:

Email: GainCustomerService@USGain.com

Mail: U.S. Gain
Attn: Finance Department
425 Better Way
Appleton, WI 54915



Credit Application

Company Information

Legal Entity	<input type="text"/>		
DBA	<input type="text"/>		
Address	<input type="text"/>	Contact	<input type="text"/>
	<input type="text"/>	Phone	<input type="text"/>
	<input type="text"/>	Email	<input type="text"/>
Anticipated Monthly Volume (GGE)	<input type="text"/>	FEIN#	<input type="text"/>

Bank Reference

Bank Name	<input type="text"/>		
Contact	<input type="text"/>	Account #	<input type="text"/>
Phone	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>		

Credit References

Reference 1

Company	<input type="text"/>	Account #	<input type="text"/>		
Contact	<input type="text"/>	Phone	<input type="text"/>	Address	<input type="text"/>
Email	<input type="text"/>	Fax	<input type="text"/>		<input type="text"/>

Reference 2

Company	<input type="text"/>	Account #	<input type="text"/>		
Contact	<input type="text"/>	Phone	<input type="text"/>	Address	<input type="text"/>
Email	<input type="text"/>	Fax	<input type="text"/>		<input type="text"/>

Reference 3

Company	<input type="text"/>	Account #	<input type="text"/>		
Contact	<input type="text"/>	Phone	<input type="text"/>	Address	<input type="text"/>
Email	<input type="text"/>	Fax	<input type="text"/>		<input type="text"/>

The undersigned certifies that the information contained herein is true, complete, and correct. This information is being furnished with the understanding that it is being used to determine the amount and conditions of credit to be extended. Furthermore, the undersigned authorizes the financial institutions and credit references listed in this credit application to release information to U.S. Venture, Inc. for use in the evaluation of this credit request.

If the applicant is any party other than an individual, the undersigned also certifies that he/she is authorized to sign this credit application for and on behalf of such party.

If the applicant is an individual, the undersigned consents to and authorizes the use of a consumer credit report on him/her by U.S. Venture, Inc., from time to time as may be needed, in the credit evaluation process.

Signature	<input type="text"/>	Title	<input type="text"/>
Printed Name	<input type="text"/>	Date	<input type="text"/>



New Customer Form

Customer Name

DBA

General Information

Fueling Location United States Canada Both

Vehicle(s) 3600 PSI rated? Yes No

Tax Information

Exempt from Federal Taxes?* Yes No **Federal IRS Publication 510 Model Certificate J**
 Examples include: off-highway business use, certain intercity & local buses, school buses, qualified local buses, vehicles owned by aircraft museums, exclusive use by nonprofit educational organizations, and/or exclusive use by state, political subdivision of a state or the District of Columbia.

Exempt from State/Local Taxes?* Yes No **Refer to State Statutes**

U.S. Gain, a Division of U.S. Venture, Inc. does not provide tax advice. This material has been prepared for informational purposes only, and is not intended to provide, and should not be relied on for tax advice. You should consult your own tax advisors before engaging in any transaction.

*** If exempting evidence is not received in a timely manner, U.S. Gain will charge all applicable taxes.**

Contact Information

Provide at least one contact person for Accounts Payable, Accounts Receivable, Treasury & General Accounting

Name	<input type="text"/>	Phone	<input type="text"/>	<input type="checkbox"/> AP	<input type="checkbox"/> AR	<input type="checkbox"/> Accounting	<input type="checkbox"/> Treasury
Email Address	<input type="text"/>						
Name	<input type="text"/>	Phone	<input type="text"/>	<input type="checkbox"/> AP	<input type="checkbox"/> AR	<input type="checkbox"/> Accounting	<input type="checkbox"/> Treasury
Email Address	<input type="text"/>						
Name	<input type="text"/>	Phone	<input type="text"/>	<input type="checkbox"/> AP	<input type="checkbox"/> AR	<input type="checkbox"/> Accounting	<input type="checkbox"/> Treasury
Email Address	<input type="text"/>						
Name	<input type="text"/>	Phone	<input type="text"/>	<input type="checkbox"/> AP	<input type="checkbox"/> AR	<input type="checkbox"/> Accounting	<input type="checkbox"/> Treasury
Email Address	<input type="text"/>						

Fuel Cards

Fleet Card Information

Card Type	Customer Credit Card ID Account Number(s)	<i>Check all that apply</i>
<input type="checkbox"/> Comdata	<input type="text"/>	
<input type="checkbox"/> EFS TCH Fleet	<input type="text"/>	
<input type="checkbox"/> TChek	<input type="text"/>	
<input type="checkbox"/> WEX	<input type="text"/>	

*Rebates do not apply to Fleetwide, Fuelman & Fuelman Plus cards.



Electronic Funds Transfer Authorization

Company Information

Legal Entity	<input type="text"/>	DBA	<input type="text"/>
Address	<input type="text"/>	Contact	<input type="text"/>
	<input type="text"/>	Phone	<input type="text"/>
	<input type="text"/>	Email	<input type="text"/>
	<input type="text"/>	FEIN#	<input type="text"/>

hereby authorizes U.S. Venture, Inc. to initiate debit and/or credit entries to the customer's checking account indicated below, and also authorizes the depository institution named below to debit and/or credit such entries to the customer's account on the invoice due date.

Bank Account Information

Bank Name	<input type="text"/>		
Contact	<input type="text"/>	Address	<input type="text"/>
Phone	<input type="text"/>		<input type="text"/>
Email	<input type="text"/>		<input type="text"/>
Routing #	<input type="text"/>	Account #	<input type="text"/>

Authorization and Signature

This authorization shall remain in effect until terminated upon 30 business days written notice by either the customer or U.S. Venture, Inc. This EFT program may be modified by U.S. Venture, Inc. at any time with 10 business days notification to the customer.

Authorized Signature	<input type="text"/>
Printed Name	<input type="text"/>
Title	<input type="text"/>
Date	<input type="text"/>

A VOIDED CHECK IS REQUIRED AS AN ATTACHMENT

If a voided check is not available, then either a bank specification sheet or a letter on the banks letterhead confirming the ABA and bank account number is required.



Finding a better way™

Welcome New Supplier!

We are happy to welcome you as a supplier to U.S. Venture. We are an independent, family-owned business headquartered in Appleton, Wisconsin and have been in business for over 50 years.

U.S. Venture, Inc. does business throughout the United States as **U.S. Venture, Inc.** and through our divisions: U.S. Oil, U.S. AutoForce, U.S. Lubricants, U.S. Petroleum Equipment, and U.S. Gain.

The following forms must be completed, signed and returned before we can process payments to your company.

1. Completed Supplier Information Form (Page 2)
2. Completed W-9

After vendor setup is complete, we will contact you with your new vendor number and instructions on how to submit future invoices.

We look forward to doing business with you.

Accounts Payable

U.S. Venture, Inc.





Finding a better way™

Supplier Information Form

Date: _____

Legal Business Name: _____

DBA: _____

Contact Name: _____ Contact Phone Number: _____

Remit to Email Address (for Payment Notifications): _____

Business Address: _____

City: _____ State: _____ ZIP: _____

Mailing Address (If Different than Above): _____

City: _____ State: _____ ZIP: _____

Method of Payment & Payment Terms

Please select your preferred method of payment and terms.

_____ Payment Plus: **Net 15** (See page 3 for details)

If not selecting Payment Plus, select your ACH Payment Terms and provide your ACH information below.

_____ ACH Terms: **2%15, N45** OR _____ ACH Terms: **Net 45**

ACH Banking Information (or attached your banking instructions)

Bank Name: _____

Name on Account: _____

9-digit Routing # (ABA): _____ Account #: _____

International Payments

Payment outside of the US? _____ YES _____ NO (If yes, we will contact you for further information)

Authorized Signature: _____ Date _____

Name (Printed): _____



What is Payment Plus?

This proven payment method is a win-win for both US Venture and you. It provides U.S. Venture with the opportunity to better control and reduce payment expenses as well as automate payment processes. With U.S. Bank payment accounts, you will enjoy many benefits as well including:

- Improved cash flow (Net 15)
- Reduced Days Sales Outstanding
- Increased productivity and the elimination of collection costs
- More remittance data for easier reconciliation in your system

In addition, increasing automation helps reduce errors and the amount of paper used, which is a benefit for both organizations.

Payments are simple and will be processed leveraging your existing Visa processes. For each payment, you will receive an authorizing e-mail showing the total payment amount, the last four digits of the Virtual Visa Credit Card account for the payment, and a listing of all individual invoice numbers and amounts that make up the payment. There will be a link embedded in the email to retrieve the remaining digits of the VISA account number.

As a valued partner of U.S. Venture, we strongly encourage you to participate in this mutually beneficial payment program. To find out more about it, please contact **Derek Sell** at U.S. Bank: Derek.Sell@usbank.com or call (612) 436-6572. If you select Payment Plus on the Supplier Information Form, Derek will reach out to you to complete the enrollment process.