



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
Payor's Authorization for Pre-Authorized Debits Form
Voided Cheque or Bank Confirmation Letter
New Supplier Form

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 (GLE) | <input type="text"/> | Corporation # | <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

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.

GAIN® Clean Fuel Cards

| | | | | |
|--|----------------------|------------------------------------|----------------------|----------------------|
| Number of cards | <input type="text"/> | Shipping address | Name | <input type="text"/> |
| Prompts Requested | | | Email | <input type="text"/> |
| <i>Provide necessary information for card activation on the following page</i> | | | Address | <input type="text"/> |
| Required | | Optional | | |
| <input type="checkbox"/> Unique PIN for all account cards assigned by Customer | | <input type="checkbox"/> Driver # | <input type="text"/> | |
| <input type="checkbox"/> Same PIN for all account cards PIN | <input type="text"/> | <input type="checkbox"/> Vehicle # | <input type="text"/> | |
| <input type="checkbox"/> Unique PIN for all account cards assigned by GAIN® | | <input type="checkbox"/> Odometer | <input type="text"/> | |

PAYOR'S AUTHORIZATION FOR PRE-AUTHORIZED DEBITS (PADS) (the "Authorization")

1. Payor's Name and Address.

I/We (the "Payor") warrant and represent that the following information is accurate.

For Personal PADS:

| | | |
|-------------------|-------------|------------------|
| Mr./Mrs./Ms./Miss | Surname | First Name |
| Address | | Province |
| City/Town | Postal Code | Telephone Number |

For Business PADS:

| | | |
|--------------|-------------|------------------|
| Company Name | | |
| Address | | Province |
| City/Town | Postal Code | Telephone Number |

2. Payor's Bank Account Information.

| | |
|--|------------------------------|
| Account Number ("the Account ") | Branch Transit Number |
| Financial Institution (the " Processing Member ") | Financial Institution Number |
| Address | Province |
| City/Town | Postal Code |
| | Telephone Number |

I/We have attached a specimen cheque marked "VOID" to this Authorization for the Account.

I/We will inform the Payee, in writing, of any change in the information provided in this section of the Authorization prior to the next due date of the PAD.

3. Payee's Name and Address.

| | | |
|--|-----------------------|---------------------------------------|
| Name of Payee (the "Payee") US Venture Gain Fuel Canada ULC | | |
| Address 2700-700 West Georgia Street | | Province BC |
| City/Town Vancouver | Postal Code V7Y1B8 | Telephone Number +1 (514) 713-4737 |

4. **Authorization to Debit Account.** I/We hereby authorize the Payee to issue Pre-Authorized Debits (as defined in Canadian Payment Association's ("CPA") Rule H1) (the "PAD") drawn on the Account, for the following purpose and amount(s):

Personal Business

Check appropriate box:

The Payee may issue PADs sporadically in a dollar amount up to a maximum of _____

The Payee may issue a fixed PAD in the amount of _____
with the following frequency:

weekly

bi-weekly

monthly

set intervals as follows: _____

set days or dates as follows: _____

other: (Describe) _____

5. **Cancellation.** I/We may revoke my/our Authorization at any time, subject to providing 5¹ days' notice to Payee before the next PAD is scheduled. To obtain a simple cancellation form, or for more information on my/our right to cancel and Authorization, I/we may contact my financial institution or visit www.cdnpay.ca.

6. **Waiver of Pre-Notification Period.** I/We expressly waive the right to receive written notice from the Payee of (a) the payment amount to be debited from my Account before the Payment Date of PADs (including, without limitation, any variable amount of sporadic PADs) drawn on the Account or (b) of any change of Payment Date or amount of any PADs.

7. **Confirmation Period.** In the event this Authorization is deemed to be an Electronic Agreement (e.g., authorized by means of telephone, Internet, e-mail or other electronic means), Payee agrees to provide written confirmation of this Authorization at least three (3) days before the first PAD is debited from my Account.

8. **Sporadic PADs.** The Payee is required to obtain due authorization from me/us in accordance with Rule H1 for each sporadic PAD that the Payee issues against me/us. I/We acknowledge that a password or other secret code or other signature equivalent may be issued for each such sporadic PAD and shall constitute valid authorization with respect to such sporadic PAD for the Processing Member to debit the Account.

9. **Recourse.** I/We have certain recourse rights if any PAD does not comply with this Authorization. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this Authorization. To obtain more information on my/our recourse rights, I/we may contact my financial institution or visit www.cdnpay.ca

10. **Validation by Processing Member.** I/We acknowledge that the Processing Member is not required to verify that a PAD has been issued in accordance with the terms of this Authorization.

11. **Contract for Goods and Services.** Revocation of the Authorization does not terminate any contract for goods or services that exist between me/us and the Payee. The Authorization applies only to the method of payment and does not otherwise have any bearing on the related contract for goods or services.

12. **Payee's Payment Service Provider.** I/We acknowledge that Wells Fargo Bank, N.A. ("wells Fargo"), holds an account with Royal Bank of Canada for the benefit of the Payee and that Wells Fargo acts as the Payee's payment processing representative for the transactions contemplated by this Authorization. I/We agree that the information contained in the Authorization may be disclosed to Royal Bank of Canada and/or Wells Fargo and required to complete any PAD transaction.

¹ Payee to insert period - not to exceed 30 days.

13. **Rights of Dispute:** I/We may dispute a PAD only under the following conditions:
 (i) the PAD was not drawn in accordance with the Authorization; or
 (ii) the Authorization was revoked.

I/We acknowledge that in order to be reimbursed a declaration to the effect that either of the aforementioned conditions took place, must be completed and presented to the branch of the Processing Member holding the Account up to and including (x) with respect to personal PADs, ninety (90) calendar days and (y) with respect to business PADs, ten (10) business days, after the date on which such PAD in dispute was posted to the Account.

I/We acknowledge that the dispute of any PAD beyond the time allowed in this section is a matter to be resolved solely between me/us and the Payee.

14. I/We understand and accept the terms of participating in this PAD plan. I/We further warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed this Authorization below.

Date: _____

Signature(s) for Personal PAD:

Signature(s) for Business PAD:

 Name

 [Company Name]

By: _____

 Name

Name: _____

Title: _____

By: _____

Name: _____

Title: _____

Submit Edits



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.