



## Credit Application Cover Sheet (Check-List)

Dear Customer,

Thank you for your interest in becoming a customer of World Fuel Services. To ensure proper customer setup procedures we ask you to complete the following:

**To assure that your account is set up accurately and efficiently, please take a moment and return the following:**

| Items: | Form:                           | Reason:   |
|--------|---------------------------------|---|
| _____  | Credit Application and W-9 form | Please review carefully - make sure we are able contact you at the correct number right away.   |
| _____  | Customer Data Sheet             | Needed to determine supply source, carrier info, dest.states, proper licenses and pricing instructions  |
| _____  | Customer Contact Sheet          | Needed to have all contact info for various divisions within your organization – i.e credit mgr, sales mgr, ops mgr, accounting mgr and loading number contact info.  |
| _____  | Electronic Funds Transfer       | Needed to obtain authorization Customer Authorization Form for electronic transfer  |
| _____  | Tax Exemption Forms             | Refer to Customer Data Sheet  |
| _____  | Financial info                  | Last two fiscal-year end audited financial statements. Most recent interim financial statement. Most recent accounts receivable aging summary without customer names. |

Please fax the information to 281 556 2524 for Houston Land Operations or 415 925 1998 for our San Rafael Land Operations (West Coast & PNW). You can also email this to [Dieselops@wfscorp.com](mailto:Dieselops@wfscorp.com)

Call us if you have any questions to:

Houston office 281 556 2518 or San Rafael office 415 925 1332

Thank you again for your interest in World Fuel Services. We look forward in working with you now and in the future and ensuring adequate set up of your account.

*Very Kindly,*

*World Fuel Services - Land Operations*



SALES EXECUTIVE: \_\_\_\_\_

**World Fuel Services, Inc.**

A Subsidiary Of World Fuel Services Corporation (NYSE: INT)  
9800 N.W. 41st Street, Suite 400  
Miami, FL 33178 Phone: 800-345-3818 Fax: 305-392-5601

**CREDIT APPLICATION**  
(Please complete all pages in full)

Company Name \_\_\_\_\_

Physical Address/City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**FISCAL YEAR-END FINANCIAL STATEMENT (SIGNED AND DATED BY AN OFFICER OF THE COMPANY)**

Attached \_\_\_\_\_ To be Mailed \_\_\_\_\_ Already Provided \_\_\_\_\_

Type of Business: Corporation \_\_\_ Partnership \_\_\_ Individual \_\_\_

If corporation: State of Incorporation \_\_\_\_\_ Date Incorporated \_\_\_\_\_  
Public \_\_\_\_\_ Private \_\_\_\_\_

If not a corporation: State where business certificate filed \_\_\_\_\_

Federal Tax ID Number \_\_\_\_\_ Number of years in business \_\_\_\_\_

**LIST ALL BRANCHES OR AFFILIATE COMPANIES:**

| NAME  | PHYSICAL ADDRESS |
|-------|------------------|
| _____ | _____            |
| _____ | _____            |
| _____ | _____            |
| _____ | _____            |

**COMPLETE THE FOLLOWING INFORMATION FOR EACH OFFICER, PARTNER OR INDIVIDUAL:**

| NAME  | % Owner | Title | PHYSICAL ADDRESS OF RESIDENCE |
|-------|---------|-------|-------------------------------|
| _____ | _____   | _____ | _____                         |
| _____ | _____   | _____ | _____                         |
| _____ | _____   | _____ | _____                         |
| _____ | _____   | _____ | _____                         |

**TRADE REFERENCES - FUEL SUPPLIERS ONLY: (Please provide complete address and phone number)**

| PRIMARY FUEL SUPPLIER |                  |
|-----------------------|------------------|
| Name _____            | Address _____    |
| Telephone _____       | City/State _____ |
| Fax _____             | Contact _____    |
| Acct # _____          |                  |

|                 |                  |
|-----------------|------------------|
| Name _____      | Address _____    |
| Telephone _____ | City/State _____ |
| Fax _____       | Contact _____    |
| Acct # _____    |                  |

|                 |                  |
|-----------------|------------------|
| Name _____      | Address _____    |
| Telephone _____ | City/State _____ |
| Fax _____       | Contact _____    |
| Acct # _____    |                  |

|                 |                  |
|-----------------|------------------|
| Name _____      | Address _____    |
| Telephone _____ | City/State _____ |
| Fax _____       | Contact _____    |
| Acct # _____    |                  |

**BANK REFERENCES: (Please provide complete address, phone and account number(s))**

|                 |                  |
|-----------------|------------------|
| Name _____      | Address _____    |
| Telephone _____ | City/State _____ |
| Fax _____       | Contact _____    |
| Acct # _____    |                  |

|                 |                  |
|-----------------|------------------|
| Name _____      | Address _____    |
| Telephone _____ | City/State _____ |
| Fax _____       | Contact _____    |
| Acct # _____    |                  |

**ESTIMATED ANNUAL PRODUCT REQUIREMENTS:**

| Product/Service Type | Annual Gallonage |
|----------------------|------------------|
| _____                | _____            |
| _____                | _____            |

**REQUESTED CREDIT LIMIT AND TERMS: \$ \_\_\_\_\_ NET \_\_\_\_\_ DAYS EFT**

I authorize World Fuel Services, Inc., its affiliates and/or subsidiaries to obtain necessary credit reports and conduct an inquiry with regard to this credit and banking information. Furthermore, by signing this application, Applicant certifies that the statements made in the application including statements contained in financial statements attached are true, accurate and

\_\_\_\_\_  
Print Company Name

\_\_\_\_\_  
Print Name and Title of Authorized Signatory

Date: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

## Request for Taxpayer Identification Number and Certification

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

|   |  |  |
|---|--|--|
| Print or type<br>See Specific Instructions on page 2. | Name (as shown on your income tax return)  |  |
|   | Business name/disregarded entity name, if different from above   |  |
|   | Check appropriate box for federal tax classification:<br><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate<br><br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____<br><br><input type="checkbox"/> Other (see Instructions) ▶ _____ | Exemptions (see Instructions):<br><br>Exempt payee code (if any) _____<br><br>Exemption from FATCA reporting code (if any) _____ |
|   | Address (number, street, and apt. or suite no.)  | Requester's name and address (optional)  |
|   | City, state, and ZIP code  |  |
| List account number(s) here (optional)                |  |  |

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

| Social security number |  |  |  |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|--|--|--|
|                        |  |  |  |  |  |  |  |  |  |

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

| Employer identification number |  |  |  |  |  |  |  |  |  |
|--------------------------------|--|--|--|--|--|--|--|--|--|
|                                |  |  |  |  |  |  |  |  |  |

### Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below), and
4. 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 on page 3.

**Sign Here**

Signature of U.S. person ▶

Date ▶

### General Instructions

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

**Future developments.** The IRS has created a page on [www.irs.gov/w9](http://www.irs.gov/w9) for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

**WORLD FUEL SERVICES, INC.**

**CUSTOMER DATA SHEET**

COMPANY NAME: \_\_\_\_\_

Do you have DTN Equipment: Yes \_\_\_\_\_ No \_\_\_\_\_ TID # \_\_\_\_\_  
 How do you receive prices? DTN \_\_\_\_\_ Fax \_\_\_\_\_ Fax # \_\_\_\_\_  
 How do you receive Invoices/EFDN \_\_\_\_\_  
 Fax # \_\_\_\_\_ Attn: \_\_\_\_\_  
 Email \_\_\_\_\_ Attn: \_\_\_\_\_

| TERMINAL | STATE of DESTINATION | CARRIER NAME/ ADDRESS/PHONE | SCAC CODE | CARRIER FEIN |
|----------|----------------------|-----------------------------|-----------|--------------|
|          |                      |                             |           |              |
|          |                      |                             |           |              |
|          |                      |                             |           |              |
|          |                      |                             |           |              |
|          |                      |                             |           |              |

*World Fuel Services, Inc. is required by Federal and State law to collect motor fuel taxes unless you provide us with the proper exemption certificates. Please complete the following information and submit copies of all exemption certificates, including your IRS Form(s) 637 and return with your credit package.*

*Some states require World Fuel Services, Inc. to collect other types of fees and/or taxes such as pollution taxes or inspection fees. If the state in which you are purchasing has these types of fees/taxes, please note your exemption number below and provide us with a copy of the certificate.*

**FEDERAL CERTIFICATES/LICENSES \***

GASOLINE: \_\_\_\_\_  
 DIESEL: \_\_\_\_\_  
 OTHER: \_\_\_\_\_

**\*PLEASE INCLUDE COPIES OF ALL LICENSES AND CERTIFICATES THAT YOU HAVE LISTED.**

| STATE | GASOLINE | DIESEL | OTHER |
|-------|----------|--------|-------|
|       |          |        |       |
|       |          |        |       |
|       |          |        |       |

**WORLD FUEL SERVICES, INC.**

**Customer contact sheet**

COMPANY NAME: \_\_\_\_\_ CUSTOMER # \_\_\_\_\_

CUSTOMER NUMBER: \_\_\_\_\_

Owner:

\_\_\_\_\_ Tel: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Dispatcher:

\_\_\_\_\_ Tel: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ Tel: \_\_\_\_\_ Email: \_\_\_\_\_

CFO:

\_\_\_\_\_ Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Operations Manager:

\_\_\_\_\_ Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Accounting Manager:

\_\_\_\_\_ Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Credit Manager:

\_\_\_\_\_ Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Sales Manager:

\_\_\_\_\_ Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Who is contact to send Loading Numbers? \_\_\_\_\_

Phone/Email \_\_\_\_\_

Who is Operations contact after sending Loading Numbers? \_\_\_\_\_

**Phone/Email** \_\_\_\_\_

Who is Sales Force contact after sending Loading Numbers? \_\_\_\_\_

Phone/Email \_\_\_\_\_



WORLD FUEL SERVICES INC.  
333 Cypress Run, Suite 200, Houston, TX 77094  
Tel. 281.556.2518 Fax. 281.556.2524  
[www.wfscorp.com](http://www.wfscorp.com)

WORLD FUEL SERVICES INC.  
1101 5<sup>th</sup> Avenue, Ste 280, San Rafael, CA 94901  
Tel. 415.925.1332 Fax. 415.925.1998  
[www.wfscorp.com](http://www.wfscorp.com)

## Welcome to World Fuel Services EFT Program.

Participation in the World Fuel electronic funds transfer program (EFT) is really quite simple.

1. Customers should complete the *Electronic Funds Transfer Authorization Agreement*. Send signed copy with a voided check, to World Fuel Service Inc. (San Rafael Office) 1101 Fifth Avenue, Suite 280 San Rafael, CA 94901 or (Houston Office ) 333 Cypress Run, Suite 200, Houston, TX 77094. . Attention: Land Operations. A signed copy will be returned for your records once the EFT Authorization Agreement has been properly processed by World Fuel Services. Customers should notify their bank and keep a copy of the Agreement.
2. For all questions or inquiries about your account please call our EFT Customer Service at San Rafael: 415-925-1332 or Houston: 281-556-2518.
3. Any discrepancies discovered after payment of an invoice will be adjusted on the next scheduled draft date.
4. World Fuel Services will also send customers using EFT a debit advice. The debit advice will be sent via e-mail or fax four days prior to the draft date. It will list the invoice numbers, invoice dates, invoice amount, invoice due date, location rate and draft date. If the EFT date falls on a Saturday, drafting will occur on Friday. If the EFT date falls on a Sunday or a bank holiday, drafting will be the next business day. Notwithstanding the foregoing, World Fuel Services may initiate EFT at any time if the customer's account is over the credit line established by World Fuel Services.
5. The EFT Authorization Agreement will remain in effect until terminated by either party upon 30 days written notice, unless customer refuses payment for debit entry or sufficient funds covering the EFT are unavailable, in which case the agreement may be terminated immediately by World Fuel.

Welcome to World Fuel's Electronic Fund Transfer Program! It has been designed to improve the effectiveness of your existing credit facility credit facility with our company. And as always, we appreciate your business.



WORLD FUEL SERVICES INC.  
 333 Cypress Run, Suite 200, Houston, TX 77094  
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WORLD FUEL SERVICES INC.  
 1101 5<sup>th</sup> Avenue, Ste 280, San Rafael, CA 94901  
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[www.wfscorp.com](http://www.wfscorp.com)

WORLD FUEL SERVICES, INC.

ELECTRONIC FUNDS TRANSFER CUSTOMER AUTHORIZATION FORM

| BANK INFORMATION       | CUSTOMER INFORMATION   |
|------------------------|------------------------|
| BANK NAME:             | CUSTOMER NAME:         |
| BRANCH NAME:           | ADDRESS:               |
| ADDRESS:               | CITY: STATE: ZIP CODE: |
| CITY: STATE: ZIP CODE: | CUSTOMER FAX NUMBER:   |
| BANK ACCOUNT NO:       | E-MAIL ADDRESS:        |
| BANK TRANSIT/ABA NO:   | EFFECTIVE DATE:        |

I (we), hereinafter known as the CUSTOMER, hereby authorize WORLD FUEL SERVICES, INC. ITS AFFILIATES AND OR SUBSIDIAREIS (WFS) to originate electronic entries to the CUSTOMER'S checking account, indicated above and authorize the bank named above, to accept and to debit or credit the amount of such entries to the CUSTOMER'S checking account.

This authority is to remain in effect until 30 days after WFS, at the address shown below, and the BANK, at the address shown above, have received written cancellation from the CUSTOMER and all purchases by the CUSTOMER made prior to the receipt of cancellation have been paid, or until 30 days after the CUSTOMER and BANK have received notice from WFS.

CUSTOMER understands that a debit by WFS will only be accepted if sufficient funds are available in the CUSTOMERS'S account. The CUSTOMER understands that if payment for a debit is refused, this agreement maybe terminated by WFS immediately, and fees may be charged to the CUSTOMER for non-payment.

CUSTOMER AUTHORIZATION

|                         |       |      |
|-------------------------|-------|------|
| AUTHORIZATION SIGNATURE | TITLE | DATE |
| AUTHORIZATION SIGNATURE | TITLE | DATE |