



## ACCOUNT APPLICATION FORM GUIDELINES

Thank you for your interest in setting up an account with Woodford Oil Company! This account application packet contains the following forms:

- Woodford Oil Account Application .....pages 2-5
- ACH Authorization Application .....page 6
- Credit/Debit Card Authorization Form .....page 7
- Form W9 (+ instructions) - *Business Accounts Only*.....pages 8
- Streamlined Sales & Use Tax Certificate of Exemption - *Business Accounts Only*.....pages 9-10
- Pennsylvania Exemption Certificate (+ instructions) - *Business Accounts Only*.....pages 11-12

### Individual Accounts

If you are an individual who would like to set up an account, please fill out and sign the Woodford Oil Account Application (pages 2–3). Check the box to indicate the product you would like to apply for. Please note that customers are required to pay for products upon delivery or have ACH or a credit/debit card on file. Therefore, please fill out either the ACH or credit/debit card form (pages 4 and 5).

### Business Accounts

If you are applying for a business account, please fill out and sign the Woodford Oil Account Application. Also indicate the product(s) you would like: Bulk Fuel, Fuel Oil, Lubricants, Propane, and/or Woodford Fuel Card. Also fill out Form W9.

If your business is tax exempt, and the delivery location is not in Pennsylvania, also fill out the Streamlined Sales & Use Tax Certificate of Exemption form. If your business is tax exempt, and the delivery location is in Pennsylvania, fill out the Pennsylvania Exemption Certificate form. On both forms, please be sure to include your Tax ID Number or EIN. If you would like payment of your invoices to be debited from your checking account or credit/debit card, also fill out either the ACH Authorization Application or credit/debit card form.

Please mail or fax completed forms to:

#### Woodford Oil Company

Woodford Oil Company  
P.O. Box 567, Elkins, WV 26241  
Fax: 304-636-4351  
creditreview@woodfordoil.com

#### WOODFORD OIL COMPANY

**ELKINS, WV**  
**HEADQUARTERS**  
TEL: 304.636.2688  
elkins@woodfordoil.com

**MARLINTON, WV**  
**REGIONAL OFFICE**  
TEL: 304.799.4503  
marlinton@woodfordoil.com

**CLARKSBURG, WV**  
**REGIONAL OFFICE**  
TEL: 304.622.6843  
clarksburg@woodfordoil.com

**MORGANTOWN, WV**  
**REGIONAL OFFICE**  
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morgantown@woodfordoil.com

**ASHLAND, KY**  
**REGIONAL OFFICE**  
TEL: 606.928.2744  
ashland@woodfordoil.com

**DANVILLE, KY**  
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danville@woodfordoil.com

**MARKLEYSBURG, PA**  
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reedsville@woodfordoil.com

**SUMMERSVILLE, WV**  
**REGIONAL OFFICE**  
TEL: 304.306.8197  
summersville@woodfordoil.com

**MOOREFIELD, WV**  
**REGIONAL OFFICE**  
Tel: 304-358-0445  
moorefield@woodfordoil.com



# WOODFORD OIL COMPANY

Serving WV, KY, OH, PA, VA, MD | www.woodfordoil.com  
Tel: 304.636.2688 | 800.927.3688 | Fax: 304.636.4351

CREDIT TERMS  
 COD  
 CHARGE ACCOUNT  
TERMS

BULK FUEL  
 HEATING OIL  
 LUBES  
 WOODFORD FUEL CARD  
 PROPANE

DATE OF APPLICATION:  
\_\_\_\_\_

## Individual Account Applicant (FOR PERSONAL ACCOUNT ONLY)

NAME (FIRST, MIDDLE, LAST)			DATE OF BIRTH	SOCIAL SECURITY NUMBER	HOME TELEPHONE
BILLING ADDRESS	CITY	STATE	ZIP CODE	CELL TELEPHONE	EMAIL
STREET ADDRESS		CITY	STATE	ZIP CODE	
EMPLOYER NAME					YEARS EMPLOYED
EMPLOYER ADDRESS		CITY	STATE	ZIP CODE	BUSINESS TELEPHONE
SPOUSE NAME (FIRST, MIDDLE, LAST)				DATE OF BIRTH	SOCIAL SECURITY NUMBER
EMPLOYER NAME					YEARS EMPLOYED
EMPLOYER ADDRESS		CITY	STATE	ZIP CODE	BUSINESS TELEPHONE

## Business Account Applicant (FOR BUSINESS ACCOUNT ONLY)

FULL LEGAL NAME OF APPLICANT (FIRST, MIDDLE, LAST)			BUSINESS TELEPHONE	FAX NUMBER	
BUSINESS NAME	DBA		EMAIL		
BILLING ADDRESS	CITY	STATE	ZIP CODE	FEDERAL ID NUMBER	
STREET ADDRESS		CITY	STATE	ZIP CODE	YEARS IN BUSINESS
PARENT COMPANY NAME				BUSINESS TELEPHONE	
ADDRESS		CITY	STATE	ZIP CODE	
OWNERS/OFFICER NAME (FIRST, MIDDLE, LAST)			TITLE	SOCIAL SECURITY NUMBER	
ADDRESS		CITY	STATE	ZIP CODE	TELEPHONE
OWNERS/OFFICER NAME (FIRST, MIDDLE, LAST)			TITLE	SOCIAL SECURITY NUMBER	
ADDRESS		CITY	STATE	ZIP CODE	TELEPHONE
ACCOUNTS PAYABLE CONTACT NAME (FIRST, MIDDLE, LAST)				TELEPHONE	FAX NUMBER
ADDRESS		CITY	STATE	ZIP CODE	EMAIL
SALES TAX-EXEMPT <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE COPY OF CERTIFICATE				CREDIT LIMIT REQUESTED	
ORGANIZATION TYPE: <input type="checkbox"/> CORPORATION - PUBLIC <input type="checkbox"/> CORPORATION - PRIVATE <input type="checkbox"/> LLC - <input type="checkbox"/> GOVERNMENT AGENCY - <input type="checkbox"/> SOLE PROPRIETORSHIP - <input type="checkbox"/> PARTNERSHIP - <input type="checkbox"/> OTHER					
STYLE OF BUSINESS: <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> DISTRIBUTOR <input type="checkbox"/> RE-SELLER <input type="checkbox"/> SERVICE <input type="checkbox"/> OTHER					
YEARS ESTABLISHED	STATE OF INCORPORATION	NUMBER OF EMPLOYEES		ANNUAL SALES	

## Individual and Business Account Applicant (COMPLETE ALL SECTIONS BELOW)

BANK NAME	BRANCH	ACCOUNT NUMBER	TELEPHONE		
ADDRESS		CITY	STATE	ZIP CODE	EMAIL
TRADE REFERENCE COMPANY NAME #1		CONTACT NAME		TELEPHONE	
ADDRESS		CITY	STATE	ZIP CODE	EMAIL
TRADE REFERENCE COMPANY NAME #2		CONTACT NAME		TELEPHONE	
ADDRESS		CITY	STATE	ZIP CODE	EMAIL
TRADE REFERENCE COMPANY NAME #3		CONTACT NAME		TELEPHONE	
ADDRESS		CITY	STATE	ZIP CODE	EMAIL

**WOODFORD OIL COMPANY**

**BUSINESS CREDIT ACCOUNT AGREEMENT**

**1. APPLICANT AND PURPOSE**

This Business Credit Account Agreement ("Agreement") governs the extension of credit by Woodford Oil Company ("Woodford") to the undersigned applicant (the "Applicant") solely for commercial or business purposes. Credit extended under this Agreement is not intended for personal, family, or household use.

The Applicant represents and warrants that all purchases are for business, trade, or commercial operations.

**2. CREDIT APPLICATION CERTIFICATION**

The Applicant certifies that all information provided in connection with this application is true, correct, and complete. The Applicant agrees to promptly notify Woodford of any material change in ownership, financial condition, or contact information.

Credit approval, credit limits, and payment terms are established at Woodford's discretion and may be modified as permitted by applicable law.

**3. CREDIT AUTHORIZATION – BUSINESS AND INDIVIDUAL**

The Applicant authorizes Woodford to verify trade references, bank information, payment history, and other customary commercial credit information for purposes of evaluating this application, reviewing or modifying the account, preventing fraud, and collecting amounts owed. Woodford may exchange such information with credit reporting agencies and service providers as permitted by law.

If a personal guaranty is provided, the undersigned guarantor authorizes Woodford to obtain consumer credit reports in accordance with the Fair Credit Reporting Act.

**4. EXTENSION OF CREDIT & PAYMENT TERMS**

If approved, Woodford may extend open-account or other commercial credit to the Applicant for the purchase of products and services. Payment terms, billing cycles, and due dates will be disclosed on invoices or account statements.

All invoices must be paid in accordance with the assigned terms. Failure to pay when due constitutes a default.

**5. FINANCE CHARGES**

Past-due balances may, to the maximum extent permitted by applicable law, accrue a finance charge of 1.5% per month (18% per annum) or, if less, the maximum lawful rate.

State-Specific:

Maryland: Finance charges shall not exceed limits applicable to commercial credit under Maryland Commercial Law Title 12.

Pennsylvania, Kentucky, West Virginia, Ohio: Finance charges shall be automatically reduced to the maximum rate permitted by law if a lower rate is required.

**6. RETURNED PAYMENT FEES**

If any check, ACH debit, or other payment is returned unpaid, Woodford may assess a returned-payment fee only where and to the extent permitted by applicable law, and no more than once per returned item.

**7. DEFAULT; ACCELERATION**

Upon default, Woodford may, without notice except where notice is required by law, declare all outstanding amounts immediately due and payable, suspend deliveries, revoke credit privileges, or require cash-on-delivery or prepayment.

**8. COLLECTION COSTS & ATTORNEY FEES**

If the account is referred for collection, the Applicant agrees to pay reasonable costs of collection, including attorney fees and court costs, to the maximum extent permitted by applicable law.

State-Specific Attorney-Fee Limitations:

Ohio: Attorney-fee recovery applies only where permitted under Ohio Revised Code §1319.02.

Maryland: Attorney fees shall not exceed statutory limits applicable to commercial credit.

West Virginia: Consumer-credit protections do not apply to this commercial account.

Pennsylvania & Kentucky: Attorney fees are recoverable only if reasonable and permitted by law.

**9. PERSONAL GUARANTY (IF APPLICABLE)**

Woodford may require a separate personal guaranty as a condition of extending or continuing credit. Any guaranty shall be governed by its own terms and applicable law.

**10. SUCCESSORS, ASSIGNS, AND AFFILIATES**

This Agreement shall be binding upon and inure to the benefit of the Applicant and Woodford and their respective successors, assigns, and permitted affiliates. Woodford may assign this Agreement or any receivable without notice except where required by law. The Applicant may not assign without Woodford's written consent.

**11. GOVERNING LAW & VENUE**

This Agreement shall be governed by the laws of the State of West Virginia. Venue shall lie in Randolph County, West Virginia, to the extent permitted by law.

**12. MODIFICATIONS**

Woodford may modify this Agreement as permitted by law. Continued use of the account after modification constitutes acceptance.

**13. SEVERABILITY**

If any provision is held invalid or unenforceable, it shall be modified to the minimum extent necessary, and the remainder shall remain in full force.

**BUSINESS APPLICANT ACKNOWLEDGMENT**

AUTHORIZED SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

**WOODFORD OIL COMPANY**

**CONSUMER CREDIT AGREEMENT (INDIVIDUAL ACCOUNTS)**

**1. APPLICANT AND PURPOSE**

This Consumer Credit Agreement ("Agreement") applies solely to individuals (the "Applicant") requesting credit from Woodford Oil Company ("Woodford") for personal, family, or household purposes, including residential propane, fuel, and related services. This Agreement does not apply to commercial or business accounts.

**2. CREDIT APPLICATION CERTIFICATION**

The Applicant certifies that all information provided in connection with this application is true, accurate, and complete. The Applicant agrees to promptly notify Woodford of any material change in contact information or financial condition.

Credit approval, credit limits, and payment terms are subject to Woodford's approval and may be modified only as permitted by applicable law.

**3. CONSUMER CREDIT AUTHORIZATION (FCRA)**

The Applicant authorizes Woodford to obtain consumer credit reports and related information from one or more consumer reporting agencies for purposes of evaluating this application, reviewing, maintaining, or modifying the account, and collecting amounts lawfully owed. This authorization is provided in accordance with the Fair Credit Reporting Act (FCRA) and applicable state law.

**4. EXTENSION OF CREDIT & PAYMENT TERMS**

If approved, Woodford may extend open-end consumer credit for residential purchases. Specific payment terms, billing cycles, and due dates will be disclosed on invoices or periodic account statements.

Failure to pay as agreed may result in lawful fees, service interruption, suspension of credit privileges, or other remedies only where and to the extent permitted by applicable law.

**5. FINANCE CHARGES & LATE FEES (CONSUMER LIMITATIONS)**

Finance charges and late fees, if any, shall be assessed only where permitted by applicable state law, shall not exceed statutory maximums, and shall be clearly disclosed prior to assessment.

Maryland: Charges shall comply with Maryland Commercial Law Title 12.  
Pennsylvania: Charges shall comply with the Pennsylvania Goods and Services Installment Sales Act.  
West Virginia: Charges shall comply with the West Virginia Consumer Credit and Protection Act.  
Kentucky & Ohio: Charges shall comply with applicable consumer-credit statutes.

**6. RETURNED PAYMENT / NSF FEES**

If any check, ACH debit, electronic payment, or other form of payment submitted by the Applicant is returned unpaid or reversed for any reason, Woodford may assess a returned payment (NSF) fee only where and to the extent permitted by applicable law, and no more than once per returned payment.

West Virginia: NSF fee not to exceed \$25 with required notice.  
Maryland: NSF/collection fee not to exceed \$35 with statutory notice.  
Pennsylvania, Kentucky, Ohio: Fees limited to statutory caps.

**7. DEFAULT; NOTICE; RIGHT TO CURE**

Where required by applicable law, Woodford shall provide written notice of default and a legally required opportunity to cure prior to acceleration or referral for collection.

**8. REMEDIES**

After any required cure period, Woodford may suspend service, terminate credit privileges, or refer the account for lawful collection activity.

**9. SERVICE-RELATED FEES**

The Applicant acknowledges that certain services may result in additional service-related fees, including after-hours or emergency service responses, out-of-gas calls, reconnection, and trip or dispatch charges where service is requested but access is unavailable. Such fees are assessed only where permitted by law, are reasonable, and apply only when services are actually performed.

**10. DEPOSIT OR COD REQUIREMENT AFTER DELINQUENCY**

If the Applicant becomes delinquent, incurs repeated returned payments, or otherwise presents increased credit risk, Woodford may, as permitted by law, require a refundable deposit or modify payment terms to cash-on-delivery (COD) or other non-credit terms. Any deposit shall be applied or refunded in accordance with applicable law.

**11. COLLECTION COSTS & ATTORNEY FEES**

Collection costs and attorney fees shall be recoverable only where and to the extent expressly permitted by applicable consumer-protection statutes.

**12. NO PERSONAL GUARANTY**

This Agreement does not require or create a personal guaranty. The Applicant is responsible only for obligations incurred on the Applicant's own account.

**13. GOVERNING LAW & VENUE**

This Agreement shall be governed by the laws of the Applicant's state of residence.

**14. SEVERABILITY**

If any provision is held unenforceable, it shall be modified to the minimum extent necessary and the remainder shall remain in effect.

**INDIVIDUAL CONSUMER ACKNOWLEDGMENT**

APPLICANTS SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

**PERSONAL GUARANTY (COMMERCIAL BUSINESS ACCOUNTS)**

**1. GUARANTY AND CONSIDERATION**

For valuable consideration, the receipt and sufficiency of which are hereby acknowledged, including the extension or continuation of commercial credit by Woodford Oil Company ("Woodford") to the business applicant identified below (the "Applicant"), the undersigned individual (the "Guarantor") irrevocably, absolutely, and unconditionally guarantees to Woodford the full and prompt payment and performance of all present and future obligations of the Applicant arising under any credit agreement, invoice, or account with Woodford (the "Guaranteed Obligations").

This Guaranty is executed solely in connection with a commercial or business credit transaction and is not intended for personal, family, or household purposes.

**2. SCOPE OF GUARANTY**

The Guaranteed Obligations include, without limitation, principal, interest, finance charges, late fees, returned-payment fees, collection costs, attorney fees, court costs, and all other amounts lawfully owed by the Applicant to Woodford, whether arising now or hereafter.

This Guaranty is a guaranty of payment and performance, not merely of collection.

**3. CONTINUING GUARANTY; REVOCATION**

This is a continuing guaranty and shall remain in full force and effect until revoked in writing by the Guarantor and actually received by Woodford. Any revocation shall apply only to obligations incurred after Woodford's receipt of such written notice.

Kentucky-Specific Requirements (KRS 371.065):

Maximum Aggregate Liability: Five Hundred Thousand Dollars (\$500,000)

Termination Date: February 16, 2031

**4. WAIVER OF RIGHTS AND DEFENSES**

To the fullest extent permitted by applicable law, the Guarantor waives presentment, demand, protest, notice of acceptance, notice of default, notice of non-payment, notice of modification or renewal, and any requirement that Woodford first pursue or exhaust remedies against the Applicant or any other person or collateral.

**5. INDEPENDENT AND PRIMARY OBLIGATION**

The obligations of the Guarantor are primary, independent, and separate from those of the Applicant. Woodford may release, compromise, extend, or modify the Applicant's obligations or deal with any other guarantor without notice to or consent from the Guarantor and without releasing or impairing this Guaranty.

**6. COLLECTION COSTS & ATTORNEY FEES**

The Guarantor agrees to pay reasonable costs of collection, including attorney fees and court costs, incurred by Woodford in enforcing this Guaranty, to the maximum extent permitted by applicable law.

State-Specific Attorney-Fee Savings:

Ohio: Subject to Ohio Revised Code §1319.02.

Maryland: Subject to statutory limits applicable to commercial credit.

Pennsylvania, Kentucky, West Virginia: Recoverable only if reasonable and permitted by law.

**7. CREDIT REPORT AUTHORIZATION (FCRA)**

The Guarantor authorizes Woodford to obtain consumer credit reports and related information for purposes of evaluating this Guaranty, reviewing or modifying the Applicant's account, and collecting amounts owed, in accordance with the Fair Credit Reporting Act and applicable law.

**8. CROSS-DEFAULT**

A default by the Applicant under any Business Credit Account Agreement, invoice, note, or other obligation owing to Woodford shall constitute an immediate default under this Guaranty, without further notice to the Guarantor, and Woodford may enforce this Guaranty concurrently with or independently of its remedies against the Applicant.

**9. FINANCIAL STATEMENT COVENANT (LARGE EXPOSURES)**

If the aggregate outstanding obligations of the Applicant to Woodford exceed \$250,000 at any time, the Guarantor agrees, upon written request, to provide Woodford with current personal financial statements and supporting information reasonably requested for credit review purposes. Failure to provide such information within a reasonable time after request shall constitute a default under this Guaranty.

**10. SUCCESSORS AND ASSIGNS**

This Guaranty shall be binding upon the Guarantor and the Guarantor's heirs, personal representatives, successors, and assigns, and shall inure to the benefit of Woodford and its successors, assigns, and affiliates.

**11. GOVERNING LAW & VENUE**

This Guaranty shall be governed by the laws of the State of West Virginia. Exclusive venue for any action or proceeding arising out of or relating to this Guaranty shall lie, to the extent permitted by law, in the state or federal courts located in Randolph County, West Virginia.

**12. SEVERABILITY**

If any provision of this Guaranty is held invalid or unenforceable, such provision shall be modified to the minimum extent necessary to render it enforceable, and the remaining provisions shall remain in full force and effect.

**GUARANTOR ACKNOWLEDGMENT**

GUARANTOR'S SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

Please fax completed application to (304) 636-4351 and mail the original to Woodford Oil Company, Attn: Credit Department, P.O. Box 567, Elkins, WV 26241.



# WOODFORD OIL COMPANY

Serving WV, KY, OH, PA, VA, MD | www.woodfordoil.com  
Tel: 304.636.2688 | 800.927.3688 | Fax: 304.636.4351

## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH Debits)

COMPANY NAME: **WOODFORD OIL COMPANY**

COMPANY ID #: 55-0396473

I, \_\_\_\_\_ hereby authorize WOODFORD OIL COMPANY, hereinafter called COMPANY, to initiate Debit entries to my (our) Checking account indicated below, at the depository named below, hereinafter called DEPOSITORY, to Debit (Withdraw) the same from my (our) account.

DEPOSITORY NAME: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

ABA ROUTING NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

ACCOUNT NAME: \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received written notification from myself (account owner) of its termination with 30 days' written notice and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

FEIN NUMBER: \_\_\_\_\_

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

Print or Type Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Print or Type Name: \_\_\_\_\_

### PLEASE ATTACH A COPY OF A VOIDED CHECK TO ASSURE PROPER BANK INFORMATION

If this is a new account and you do not have a printed check available, please have your financial institution representative provide account information on their letterhead and forward it along with this form to Woodford Oil Company.

### Send ACH Acknowledgements to:

Company Name: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Attention: \_\_\_\_\_

- Our Company use: Account Number: \_\_\_\_\_

Note: The receiver may revoke the authorization with 30 days notice of date of revocation by written notice that must be received by **COMPANY** office at P.O. Box 567, Elkins, WV 26241



## WOODFORD OIL COMPANY

CREDIT/DEBIT CARD SIGNATURE AUTHORIZATION FORM

**We charge a 3.5% convenience fee for credit card payments.**

**Payments made using a true debit card (processed with a PIN) do not incur this fee.**

Individual or Company Name: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Card Number: \_\_\_\_\_ Date    /    /   

Choose one:  Visa  Mastercard  American Express  Discover

- **CVV # (Card Verification Code) may be requested at time of transaction processing. For American Express, the code is a four digit number that appears on the front of the card above the account number. For Visa, Mastercard & Discover the code is a three digit number that appears at the end of the account number on the back of the card.**

I, \_\_\_\_\_ (Print Cardholder's Name) authorize Woodford Oil Company to charge the above credit/debit card for my purchases and guarantee the payments of these purchases.

**This credit/debit card can be used: (Please place initial by choice)**

One Time Use \_\_\_\_\_ Permanently on File \_\_\_\_\_

Please mail or fax completed forms to:

### Woodford Oil Company

Woodford Oil Company

P.O. Box 567, Elkins, WV 26241

Fax: 304-636-4351

creditreview@woodfordoil.com

#### WOODFORD OIL COMPANY

**ELKINS, WV  
HEADQUARTERS**

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**MOOREFIELD, WV  
REGIONAL OFFICE**

Tel: 304-358-0445  
moorefield@woodfordoil.com

# Request for Taxpayer Identification Number and Certification

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

<sup>a</sup> Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.																				
2 Business name/disregarded entity name, if different from above																				
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <table style="width: 100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Individual/sole proprietor or single-member LLC</td> <td><input type="checkbox"/> C Corporation</td> <td><input type="checkbox"/> S Corporation</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Trust/estate</td> </tr> <tr> <td colspan="5"> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) <sup>a</sup> _____                             </td> </tr> <tr> <td colspan="5"> <b>Note:</b> 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 <b>not</b> 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.                             </td> </tr> <tr> <td colspan="5"> <input type="checkbox"/> Other (see instructions) <sup>a</sup> </td> </tr> </table>	<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) <sup>a</sup> _____					<b>Note:</b> 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 <b>not</b> 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.					<input type="checkbox"/> Other (see instructions) <sup>a</sup>				
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<input type="checkbox"/> Other (see instructions) <sup>a</sup>																				
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):																				
Exempt payee code (if any) _____																				
Exemption from FATCA reporting code (if any) _____																				
<small>(Applies to accounts maintained outside the U.S.)</small>																				
5 Address (number, street, and apt. or suite no.) See instructions.																				
Requester's name and address (optional)																				
6 City, state, and ZIP code																				
7 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 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.

<b>Social security number</b>				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>				
<b>or</b>				
<b>Employer identification number</b>				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>				

## 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 for Part II, later.

**Sign Here**

Signature of U.S. person <sup>a</sup>

Date <sup>a</sup>

## 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](http://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.*

# Streamlined Sales Tax Agreement Certificate of Exemption

**Do not send this form to the Streamlined Sales Tax Governing Board.  
Send the completed form to the seller and keep a copy for your records.**

This is a multi-state form. Not all states allow all exemptions listed on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that would otherwise be due tax on this sale. The seller may be required to provide this exemption certificate (or the data elements required on the form) to a state that would otherwise be due tax on this sale.

The purchaser will be held liable for any tax and interest, and possible civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption. A seller may not accept a certificate of exemption for an entity-based exemption on a sale made at a location operated by the seller within the designated state if the state does not allow such an entity-based exemption.

- 1.**  Check if you are attaching the Multistate Supplemental form.  
 If not, enter the two-letter abbreviation for the state under whose laws you are claiming exemption.  
 Check if this certificate is for a **Single Purchase Certificate**. Enter the related invoice/purchase order # \_\_\_\_\_.

**3.**

Print or type	A. Name of purchaser				
	B. Business address		City	State	Zip code
	C. Purchaser's tax ID number		State of Issue	Country of Issue	
	D. If no tax ID number, enter one of the following: FEIN				
	E. Driver's License Number/State Issued ID number				State of Issue
F. Foreign diplomat number					
G. Name of seller from whom you are purchasing, leasing or renting					
H. Seller's address		City	State	Zip code	

- 4. Purchaser's Type of business.** Circle the number that best describes your business.
- |   |  |
|---|--|
| <input type="checkbox"/> 01 Accommodation and food services<br><input type="checkbox"/> 02 Agriculture, forestry, fishing, hunting<br><input type="checkbox"/> 03 Construction<br><input type="checkbox"/> 04 Finance and insurance<br><input type="checkbox"/> 05 Information, publishing and communications<br><input type="checkbox"/> 06 Manufacturing<br><input type="checkbox"/> 07 Mining<br><input type="checkbox"/> 08 Real estate<br><input type="checkbox"/> 09 Rental and leasing<br><input type="checkbox"/> 10 Retail trade | <input type="checkbox"/> 11 Transportation and warehousing<br><input type="checkbox"/> 12 Utilities<br><input type="checkbox"/> 13 Wholesale trade<br><input type="checkbox"/> 14 Business services<br><input type="checkbox"/> 15 Professional services<br><input type="checkbox"/> 16 Education and health-care services<br><input type="checkbox"/> 17 Nonprofit organization<br><input type="checkbox"/> 18 Government<br><input type="checkbox"/> 19 Not a business<br><input type="checkbox"/> 20 Other ( <i>explain</i> ) _____ |
|---|--|

- 5. Reason for exemption.** Circle the letter that identifies the reason for the exemption.
- |  |  |
|--|--|
| <input type="checkbox"/> A Federal government ( <i>Department</i> ) _____<br><input type="checkbox"/> B State or local government ( <i>Name</i> ) _____<br><input type="checkbox"/> C Tribal government ( <i>Name</i> ) _____<br><input type="checkbox"/> D Foreign diplomat # _____<br><input type="checkbox"/> E Charitable organization # _____<br><input type="checkbox"/> F Religious organization # _____<br><input type="checkbox"/> G Resale # _____ | <input type="checkbox"/> H Agricultural Production # _____<br><input type="checkbox"/> I Industrial production/manufacturing # _____<br><input type="checkbox"/> J Direct pay permit # _____<br><input type="checkbox"/> K Direct Mail # _____<br><input type="checkbox"/> L Other ( <i>Explain</i> ) _____<br><input type="checkbox"/> M Educational Organization # _____ |
|--|--|

**6.** *I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.*

Signature of authorized purchaser	Print name here	Title	Date
_____	_____	_____	_____

Name of Purchaser \_\_\_\_\_

State	Reason for exemption	Identification number (if required)
AR	_____	_____
GA	_____	_____
IA	_____	_____
IN	_____	_____
KS	_____	_____
KY	_____	_____
MI	_____	_____
MN	_____	_____
NC	_____	_____
ND	_____	_____
NE	_____	_____
NJ	_____	_____
NV	_____	_____
OH	_____	_____
RI	_____	_____
OK	_____	_____
SD	_____	_____
TN	_____	_____
UT	_____	_____
VT	_____	_____
WA	_____	_____
WI	_____	_____
WV	_____	_____
WY	_____	_____

*SSUTA Direct Mail provisions are not in effect for Tennessee.*

The following nonmember states will accept this certificate for exemption claims that are valid in their respective state. SSUTA Direct Mail provisions do not apply in these states.

State	Reason for exemption	Identification number (if required)
XX	_____	_____



# PENNSYLVANIA EXEMPTION CERTIFICATE

- STATE AND LOCAL SALES AND USE TAX
- STATE 6% AND LOCAL 1% HOTEL OCCUPANCY TAX
- PUBLIC TRANSPORTATION ASSISTANCE TAXES AND FEES (PTA)
- VEHICLE RENTAL TAX (VRT)
- ADDITIONAL LOCAL, CITY, COUNTY HOTEL TAX \*

This form cannot be used to obtain a Sales Tax Account ID, PTA Account ID or Exempt Status.

(Please Print or Type)  
**Read Instructions  
On Reverse Carefully**

**THIS FORM MAY BE PHOTOCOPIED – VOID UNLESS COMPLETE INFORMATION IS SUPPLIED**

- CHECK ONE:**  PENNSYLVANIA TAX UNIT EXEMPTION CERTIFICATE (USE FOR ONE TRANSACTION)  
 PENNSYLVANIA TAX BLANKET EXEMPTION CERTIFICATE (USE FOR MULTIPLE TRANSACTIONS)

**Name of Seller, Vendor or Lessor**

Street	City	State	ZIP Code
--------	------	-------	----------

**NOTE:** Do not use this form for claiming an exemption on the registration of a vehicle. To claim an exemption from tax for a motor vehicle, trailer, semi-trailer or tractor with the PA Department of Transportation, Bureau of Motor Vehicles, use one of the following forms:

- FORM MV-1**, Application for Certificate of Title (first-time registrations)
- FORM MV-4ST**, Vehicle Sales and Use Tax Return/Application for Registration (other registrations)

Property and services purchased or leased using this certificate **are exempt** from tax because: (Select the appropriate paragraph from the back of this form, check the corresponding block below and insert information requested).

- 1. Property or services will be used directly and predominately by purchaser in performing purchaser's operation of: \_\_\_\_\_
- 2. Purchaser is a/an: \_\_\_\_\_ holding Sales Tax Exemption Number \_\_\_\_\_
- 3. Property will be resold under Account ID \_\_\_\_\_ (If purchaser does not have a PA Sales Tax Account ID, include a statement under Number 8 explaining why a number is not required).
- 4. Property or services will be used directly and predominately by purchaser performing a public utility service.  
 PA Public Utility Commission PUC Number \_\_\_\_\_ and/or  U.S. Department of Transportation MC/MX \_\_\_\_\_
- 5. Exempt wrapping supplies, Account ID \_\_\_\_\_ (If purchaser does not have a PA Sales Tax Account ID, include a statement under Number 8 explaining why a number is not required).
- 6. Canned computer software purchased by a financial institution subject to the Bank and Trust Company Shares Tax (Article VII) or the Mutual Thrift Institutions Tax (Article XV).
- 7. Canned computer software licenses that are billed to a PA address but used outside of PA. The total number of software licenses purchased for invoice # \_\_\_\_\_ is \_\_\_\_\_. The total number of users accessing and using the software outside PA is \_\_\_\_\_.
- 8. Other \_\_\_\_\_  
(Explain in detail. Additional space on reverse side).

I am authorized to execute this certificate and claim this exemption. Misuse of this certificate by seller, lessor, buyer, lessee or their representative is punishable by fine and imprisonment.

<b>Name of Purchaser or Lessee</b>	Signature <b>Please sign after printing.</b>	EIN	Date
Street	City	State	ZIP Code

**1. ACCEPTANCE AND VALIDITY:**

For this certificate to be valid, the seller/lessor shall exercise good faith in accepting this certificate, which includes: (1) the certificate shall be completed properly; (2) the certificate shall be in the seller/lessor's possession within 60 days from the date of sale/lease; (3) the certificate does not contain information which is knowingly false; and (4) the property or service is consistent with the exemption to which the customer is entitled. For more information, refer to Exemption Certificates, Title 61 PA Code §32.2. An invalid certificate may subject the seller/lessor to the tax.

**2. REPRODUCTION OF FORM:**

This form may be reproduced but shall contain the same information as appears on this form.

**3. RETENTION:**

The seller or lessor must retain this certificate for at least four years from the date of the exempt sale to which the certificate applies.

**⚠ IMPORTANT: DO NOT RETURN THIS FORM TO THE PA DEPARTMENT OF REVENUE.**

**4. NONPROFIT EXEMPT ORGANIZATIONS:**

This form may be used in conjunction with form REV-1715, Exempt Organization Declaration of Sales Tax Exemption, when a purchase of \$200 or more is made by an organization which is registered with the PA Department of Revenue as an exempt organization. These organizations are assigned an exemption number, beginning with the two digits 75 (example: 75000000).

# GENERAL INSTRUCTIONS

Those purchasers set forth below may use this form in connection with the claim for exemption for the following taxes:

- a. State and local sales and use tax;
- b. PTA rental fee or tax on leases of motor vehicles;
- c. Hotel occupancy tax (state 6%, Philadelphia 1%, Allegheny 1%) if referenced with the symbol (●);
- d. PTA fee on the purchase of tires if referenced with the symbol (+);
- e. Vehicle rental tax (VRT).

## EXEMPTION REASONS

1.) Property and/or services will be used directly and predominately by purchaser in performing purchaser's operation of:

- A. Manufacturing
- B. Mining
- C. Dairying
- D. Processing
- E. Farming
- F. Shipbuilding
- G. Timbering

This exemption is not valid for property or services used in: (a) constructing, repairing or remodeling of real property, other than real property used directly in exempt operations; or (b) maintenance, managerial, administrative, supervisory, sales, delivery, warehousing or other nonoperational activities. This exemption is not valid for vehicles that are required to be registered under the Vehicle Code, as well as supplies and repair parts for such vehicles, the PTA tire fee, and certain taxable services.

2.) Purchaser is a/an:

- + A. Instrumentality of the commonwealth (to include public schools and state universities).
- + B. Political subdivision of the commonwealth (includes townships and boroughs).
- + • C. Municipal authority created under the Municipality Authorities Acts.
- + • D. Electric cooperative corporations created under the Electric Cooperative Law of 1990.
  - E. Cooperative agricultural associations required to pay corporate net income tax under the Cooperative Agricultural Association Corporate Net Income Tax Act (exemption not valid for registered vehicles).
- + • F. Credit unions organized under Federal Credit Union Act or Commonwealth Credit Union Act.
- + • G. U.S. government, its agencies and instrumentalities.
  - H. Federal employee on official business (exemption limited to hotel occupancy tax only. A copy of orders or statement from supervisor must be attached to this certificate).
  - I. School bus operator (This exemption certificate is limited to the purchase of parts, repairs or maintenance services upon vehicles licensed as school buses by the PA Department of Transportation).
- J. Charter Schools and Community Colleges.

### Renewable Entities beginning with "75":

- K. Religious Organization
- L. Nonprofit Educational Institution
- M. Charitable Organization

### Permanent Exemptions beginning with the two numbers "75":

- N. Volunteer Fire Company
- O. Relief Association

### Special Exemptions

- P. Direct Pay Permit Holder
- Q. Individual Holding Diplomatic ID

- R. Keystone Opportunity Zone (beginning with two digit 72 account number)
- S. Tourist Promotion Agency

Exemptions for exempt organizations K through S are limited to purchases of tangible personal property or services for use and not for sale. Exempt organizations K - O above, shall have an sales tax exemption certificate number assigned by the PA Department of Revenue. Exempt organizations K-O above, are not exempt for purchases used for the following: (1) constructions, improvement, repair or maintenance or any real property, except supplies and materials used for routine repair or maintenance of the real property; (2) any unrelated activities or operation of a public trade or business; or (3) equipment used to maintain real property.

- 3.) Property and/or services will be resold or rented in the ordinary course of purchaser's business. If purchaser does not have a PA Sales Tax Account ID (8 digit number assigned by the department), complete Number 8 explaining why such number is not required. This exemption is valid for property or services to be resold: (1) in original form; or (2) as an ingredient or component of other property.
- 4.) Property or services will be used directly and predominately by purchaser in the production, delivery or rendition of public utility services as defined by the PA Utility Code.

This exemption is not valid for property or services used for the following: (1) construction, improvement, repair or maintenance of real property, other than real property used directly in rendering the public utility services; or (2) managerial, administrative, supervisor, sales or other nonoperational activities; or (3) vehicles, as well as supplies and repair parts for such vehicles, unless the predominant use is for providing a common carrier service; or (4) tools and equipment used but not installed in maintenance of facilities or direct use equipment. Tools and equipment used to repair "direct use" property are exempt from tax.
- 5.) Vendor/seller purchasing wrapping supplies and nonreturnable containers used to wrap property which is sold to others.
- 6.) Canned computer software or services to canned computer software directly utilized in conducting the business of banking purchased by a financial institution subject to the Bank and Trust Company Shares Tax (Article VII) or the Mutual Thrift Institutions Tax (Article XV).
- 7.) Seller is required to collect tax on canned software accessed remotely when the user is located in PA. If the billing address is a PA address, the presumption is that all users are located in PA. Purchaser is responsible for apportioning and remitting the tax due to each taxing jurisdiction and must provide the total number of licenses purchased and the number of those licenses used outside PA on Line 8. Please note that any unused licenses will be considered to be allocated to PA.
- 8.) Other (Attach a separate sheet of paper if more space is required).

\* Employees or representatives of the Commonwealth traveling on Commonwealth duty are exempt from any taxes on hotel stays or room rentals imposed by local governments that are in addition to the 6% state tax and the 1% Philadelphia and Allegheny County hotel occupancy tax.