



# COMMERCIAL ACCOUNT APPLICATION

AMSOIL INC. • AMSOIL BUILDING • SUPERIOR WI 54880 • 715-392-7101  
(TOLL FREE ORDERING 800-777-7094 – ORDERS ONLY)

For Office Use Only

Please Print or Type

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

Shipping Address \_\_\_\_\_ Billing Address \_\_\_\_\_

City \_\_\_\_\_ City \_\_\_\_\_

State/Prov. \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Primary Type of Business \_\_\_\_\_ (Please Specify)

Is this a home based business?  Yes  No (If yes, please complete a Profile Sheet)

Doing business as:  Municipality  Partnership  Corporation  Sole Proprietor  State/Province  Other \_\_\_\_\_ (please specify)

Purchasing Contact \_\_\_\_\_ Accounts Payable Contact \_\_\_\_\_

## NON-RESALE AGREEMENT

I am authorized to purchase AMSOIL products only for the use of the above named company. The products purchased will not be for the purpose of resale or redistribution in any form. The resale of AMSOIL products will result in termination of this Commercial Account.

Authorized Signature (Owner, Partner or Corporate Officer)

Please Print Name

Title

Date

### If you are applying for tax exemption, please complete the following section:

Tax Exemption Certificate Number: \_\_\_\_\_

City or State/Province: \_\_\_\_\_ State/Province Registration or ID No.: \_\_\_\_\_

CAUTION TO SELLER: In order for the certificate to be accepted in good faith by the seller, the seller must exercise care that the property being sold is of a type normally sold wholesale, resold, leased, rented, or utilized as an ingredient or component part of a product manufactured by the buyer in the usual course of his business. A seller failing to exercise due care could be held liable for the sales tax due in some states, provinces or cities. Misuse of this certificate by the seller, lessor, buyer, lessee, or the representative thereof may be punishable by fine, imprisonment or loss of right to issue certificates in some states, provinces or cities.

I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax we will pay the tax due direct to the proper taxing authority when state/province law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city, state or province.

Authorized signer is engaged as a registered:  Wholesaler  Retailer  Manufacturer  Lessor

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature (Owner, Partner or Corporate Officer)

Please Print Name

Title

Date

*NOTE: This form may not be altered in any manner.*

Submit to: Account Services  
AMSOIL INC.  
AMSOIL Building  
Superior, WI 54880  
FAX 715-392-5225

**Charles Burnell**

\_\_\_\_\_  
Servicing Dealer

**379748**

\_\_\_\_\_  
ZO Number