



ACCOUNT APPLICATION

For Office Use Only

AMSOIL INC. • AMSOIL BUILDING • SUPERIOR WI 54880 • 715-392-7101
(TOLL FREE ORDERING 800-777-7094 – ORDERS 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 (please complete a Profile Sheet)

Does this business provide oil changes to their customers as part of their regular service? Yes No

Doing business as: Partnership Corporation Sole Proprietor Other _____ (please specify)

Purchasing Contact _____ Accounts Payable Contact _____

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

Servicing Dealer

779

ZO Number