



# ORDER FORM

**FOR FASTEST SERVICE  
FAX YOUR ORDER  
FAX: 817-877-4047**

**SOUTHWESTERN PETROLEUM CORPORATION  
P. O. BOX 961005, FORT WORTH, TEXAS 76161-0005**

DATE \_\_\_\_\_ 19 \_\_\_\_\_

<b>MAILING ADDRESS</b>				<b>SHIPPING ADDRESS</b>			
CUSTOMER NUMBER: <input type="text"/>		New Customer Est. Customer		Same as Mailing Address Different than Mailing address			
COMPANY NAME				COMPANY NAME			
ADDRESS				ADDRESS			
CITY		COUNTY		CITY		COUNTY	
STATE		ZIP		STATE		ZIP	
		TELEPHONE ( )				TELEPHONE ( )	
CUSTOMER'S KIND OF BUSINESS (SIC#)			FAX ( )	SUGGESTED SHIPPING INSTRUCTIONS			

FOR HOME OFFICE USE ONLY	NO. OF CONT.	CONT. SIZE	TOTAL GAL/LBS	PRODUCT NAME	UNIT PRICE	TOTAL PRICE
ORDER NO.						
REMITTANCE						
APPROVAL						
FREIGHT						
SPECIAL INSTRUCTIONS:						

If the customer is exempt from State Taxes, an Authorized Exemption Certificate must be furnished with first order:

TAX EXEMPTION NUMBER \_\_\_\_\_  
PURCHASE ORDER ATTACHED      PURCHASE ORDER TO BE MAILED

PURCHASE ORDER NUMBER \_\_\_\_\_

**TERMS OF PAYMENT**

1 % DISCOUNT - CHECK WITH ORDER (Make check payable to Southwestern Petroleum Corporation.)

NET 30 DAYS (Your invoice will carry payment date 30 days from date billed.)

If the amount due is not paid when due, it shall be subject to the maximum late payment charge as permitted by law, on the unpaid balance. (See other side of this order for complete conditions which are expressly made a part of this agreement.)

SALES CONSULTANT'S NUMBER

I (or we) agree to pay for this merchandise according to the terms shown and on the conditions printed on the back of this order which are expressly made a part of this agreement and which I (or we) have read. A duplicate copy of the order has been left with me (or us).

SIGNATURE OF AUTHORIZED BUYER		
<b>X</b>		
PRINT: NAME AND TITLE OF BUYER		
PRINT: SALES CONSULTANT'S FIRST NAME	INITIAL	LAST NAME
SALES CONSULTANT'S ADDRESS		
SALES CONSULTANT'S TELEPHONE NUMBER ( )		