

**BOARD OF PUBLIC WORKS AND SAFETY**  
**Agenda Request Form**

(Form B-01-2012)

*Organizations and individuals are asked to submit a request form and supporting documents to be placed on the agenda. You will be contacted by the City confirming the date of the meeting in which your request will be heard. Please make sure that your contact information is accurate in case we need to get in touch with you. The Board of Works meets on the 1st and 3rd Monday of each month at 5:00 p.m. in City Hall located at 70 E. Monroe Street.*

<b>Date Submitted:</b>	03-25-15	<b>Meeting Date:</b>	04-06-15
<b>Contact Information:</b>			
<b>Requested by:</b>	Brett Jones, Street Commissioner		
<b>On Behalf of Organization or Individual:</b>			
<b>Telephone:</b>	317-736-3660		
<b>Email address:</b>	<a href="mailto:bjones@franklin.in.gov">bjones@franklin.in.gov</a>		
<b>Mailing Address:</b>	70 E Monroe St, Franklin, IN 46131		
<b>Describe Request:</b>			
Credit application for Jackson Oil & Solvents, Inc. Fleet maintenance would like to purchase oil from Jackson Oil & Solvents.			
<b>List Supporting Documentation Provided:</b>			
Credit Application			
<b>Who will present the request?</b>			
<b>Name:</b>	Brett Jones	<b>Telephone:</b>	317-736-3660

*In order for an individual and/or agency to be considered for new business on the Board of Works agenda, this reservation form and supporting documents must be received in the Mayor's office no later than 4:00 p.m. on the Wednesday before the meeting.*

# JACKSON

OIL & SOLVENTS, INC.

INDIANAPOLIS, IN ♦ FORT WAYNE, IN ♦ GREENFIELD, IN ♦ NORTH WEBSTER, IN

*CONFIDENTIAL CREDIT APPLICATION - PLEASE MAIL OR FAX COMPLETED FORMS TO JACKSON OIL & SOLVENTS, INC*

*Date:			
*Billing Information:			
Customer Name:		Phone Number:	
Billing Address		Fax Number:	
City:		State:	
County:		Zip:	
	Inside City Limits:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
*Shipping Information: (If different from billing information)			
Customer Name:		Phone Number:	
Shipping Address:		Fax Number:	
City:		State:	
County:		Zip:	
	Inside City Limits:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\*LEGAL STRUCTURE (check one)  CORPORATION  PARTNERSHIP  PROPRIETORSHIP  OTHER \_\_\_\_\_

For Corporations, please list the three major stockholders and officers. For Partnerships/Proprietorships, please list the address and Social Security Number of all owners.

Name/Title

Social Security Number


\*ARE YOUR PURCHASES TAX EXEMPT?  YES  NO If yes, attach tax exempt certificate as required by State law to be kept on file.

**\*\* TAX WILL BE CHARGED UNTIL WE RECEIVE THE PROPER FORM ST-105 \*\***

*FEDERAL ID #:		*IN BUSINESS SINCE:		*CREDIT LINE REQUESTED: \$	
*TYPE OF BUSINESS:					
*SALES CONTACT:		*A/P CONTACT:			
*PRODUCT(S) TO PURCHASE:		*PURCHASE ORDER REQUIRED:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
*PERSON(S) TO AUTHORIZE PURCHASES:					

**\*BANK REFERENCE:**

BANK NAME:		PHONE NO:	
BANK ADDRESS:		FAX NO:	
CONTACT NAME:		BRANCH:	
<input type="checkbox"/> Yes <input type="checkbox"/> No Checking Account	Account Number		
<input type="checkbox"/> Yes <input type="checkbox"/> No Savings Account	Account Number		

**\*TRADE REFERENCES:**

1.	NAME:	PHONE NO.
	CITY/STATE/ZIP:	*FAX NO.
2.	NAME:	PHONE NO.
	CITY/STATE/ZIP:	*FAX NO.
3.	NAME:	PHONE NO.
	CITY/STATE/ZIP:	*FAX NO.
4.	NAME:	PHONE NO.
	CITY/STATE/ZIP:	*FAX NO.

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## CREDIT TERMS AND AGREEMENT

**Standard Credit Terms** (*Lubes, Ancillary Products and Tankwagon Fuel Deliveries, etc.*): Fifteen (15) days from the date of invoice, or 20 days if paid by electronic funds transfer.

**Transport Loads of fuel:** Due 7 days from date of invoice and payable by EFT.

**Pacific Pride Fleet Fueling:** Due 10 days from the date of invoice and payable by EFT. All Pacific Price transactions are invoiced the first and sixteenth of each month. If the billing date falls on a weekend or holiday, invoicing will be done on the first working day following the week end or holiday. Applicant accepts full responsibility for payment of all charges made against the account.

Your account will be assigned a MAXIMUM CREDIT LIMIT, subject to review at any time, and should your unpaid balance ever exceed this limit, you will be required to make a payment on your account prior to the due date or accept charges on a "CASH ON DELIVERY" basis until such time as your balance is reduced to within your credit limit. JACKSON OIL & SOLVENTS, INC. reserves the right to discontinue "CHARGE" orders should your account become past due, if there is an ownership or name change, in the event of bankruptcy or at any time JACKSON OIL & SOLVENTS, INC., for good cause deems itself insecure.

The applicant hereby authorizes a full and complete Credit and Financial Institution investigation by JACKSON OIL & SOLVENTS, INC. and understands that JACKSON OIL & SOLVENTS, INC. will not process a "CHARGE" order until a signed and completed application has been submitted and approved.

All accounts in arrears of terms will be considered delinquent and assessed a 2% late charge at the end of the month. Should it become necessary to place your account in the hands of an attorney for collection, applicant agrees to pay all fees; legal and court costs; and the 2% monthly late fee.

The CONFIDENTIAL CREDIT APPLICATION contains all terms negotiated between the parties and may be modified only upon written agreement between JACKSON OIL & SOLVENTS, INC. and the Applicant.

**I/WE HAVE READ THE TERMS OF THIS AGREEMENT AND AGREE TO BE BOUND BY THEM IN ALL RESPECTS.**

\*This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\*SIGNATURE \_\_\_\_\_ (OWNER OR OFFICER)

\*PRINT NAME \_\_\_\_\_

\*TITLE \_\_\_\_\_

In consideration of the extension of credit privileges, I (we) hereby grant JACKSON OIL & SOLVENTS, INC. a continuing guaranty payment of this account and agree to personally guarantee payment of all indebtedness, including interest, collection cost, and expenses stated above.

Individually:	
	(Signature)
	(Type or print name)

Please fill out **ALL FIELDS** with an **\*asterisk** if applicable. Your company's standardized credit information sheet is acceptable, but **this page of the application must be signed and returned.** Not doing so may significantly delay the credit application process. Because of the new privacy laws **a Corporate Officer or Owner MUST sign the Credit Terms and Agreement even if you are supplying other information on your own form.**

For your convenience, this is a fillable form that can be completed using the Adobe Reader. This package also contains:

- Electronic Invoice and Statement Form
- Electronic Funds Transfer Authorization Form

Please print and sign the completed application along with a copy of your Indiana State Tax Exemption form, if applicable and fax the completed forms to 317-222-7702.

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INDIANAPOLIS, IN ♦ FORT WAYNE, IN ♦ GREENFIELD, IN ♦ NORTH WEBSTER, IN

CONFIDENTIAL CREDIT APPLICATION - PLEASE MAIL OR FAX COMPLETED FORMS TO JACKSON OIL & SOLVENTS, INC

Dear Customer,

Thank you for providing your credit information with Jackson Oil & Solvents, Inc.

If you have any questions, please feel free to contact our office or your Sales Representative at 317-636-4421, or use our toll-free number at 1-800-221-4603 to call for additional assistance.

We look forward to doing business with your company in the future.

Thank you,

Credit Department

## JACKSON OIL & SOLVENTS DELIVERY INFORMATION

### Lubricants & Accessories Delivery Policy

- Minimum Bulk Delivery should be – 150 gallons for a single product
  - 100 gallons for any additional products
  - Any waiver requires approval by transportation department
- Minimum \$500.00 purchase for free delivery
  - \$35.00 dollar delivery charge if below \$500 but above \$250 and on scheduled route
  - \$50.00 dollar delivery charge if below \$250 and on scheduled route
  - Or the lesser of UPS, FED-EX, or ground shipping charges for direct shipment to the customer
  - We can always use the customer's carrier of choice and the customer's shipping number to arrange freight for the customer at no charge
  - Customers are always welcome to come and pick-up the product at Jackson Oil & Solvents
- Emergency Delivery Fees
  - Customer's requiring immediate delivery – same day service
    - \$75.00/hr round-trip with minimum of 2 hours charged during standard operating hours
    - Additional \$100 flat fee for after hours and weekend deliveries or
    - Additional \$200 flat fee for holidays deliveries

### Fuel Delivery Policy

Our minimum order for free delivery of fuels, within Jackson Oil & Solvents, Inc.'s regular delivery area during normal business hours is 100 gallons. Less than minimum delivery services charges are \$50 per stop for job sites located inside the I-465 circle and \$75 per stop for job sites located outside the I-465 circle.

<i>EMERGENCY FUEL DELIVERIES</i>	
<i>After Hours Weekdays</i>	<i>\$150.00</i>
<i>After Hours Weekends</i>	<i>\$200.00</i>
<i>Holidays</i>	<i>\$300.00</i>

\* Rates are subject to change without prior notice.

Please feel free to contact our dispatch office at 317-636-4421, ext. 723 or ext. 706 for details. (Toll Free: 800-221-4603)

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*CONFIDENTIAL CREDIT APPLICATION - PLEASE MAIL OR FAX COMPLETED FORMS TO JACKSON OIL & SOLVENTS, INC*

**ELECTRONIC INVOICE & STATEMENT FORM:** Please complete and return the Electronic Invoice & Statement Form below. This provides us with the information to forward copies of your invoices and monthly statements to you in a timely and accurate manner.

## ELECTRONIC INVOICE & STATEMENT FORM

BUSINESS ACCT:	
BUSINESS NAME:	
BUSINESS ADDRESS:	
BUSINESS TELEPHONE:	
BUSINESS CONTACT:	

**Please select how you prefer to receive your statement.**

E-Mail

E-Mail  
Address:

Fax

Fax  
Number:

**Please select how you prefer to receive your invoices.**

E-Mail

E-Mail  
Address:

Fax

Fax  
Number:

Please fax completed form to: 317-222-7702

# JACKSON

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INDIANAPOLIS, IN ♦ FORT WAYNE, IN ♦ GREENFIELD, IN ♦ NORTH WEBSTER, IN

*CONFIDENTIAL CREDIT APPLICATION - PLEASE MAIL OR FAX COMPLETED FORMS TO JACKSON OIL & SOLVENTS, INC.*

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION

ELECTRONIC FUNDS TRANSFER AUTHORIZATION: Please complete and return the Electronic Funds Transfer Authorization below to enable you to pay your invoices electronically and eliminate paper transactions. If you are interested in saving time and money by using the EFT Funds Transfer program, please send a **VOIDED CHECK** with your completed authorization form.

LEGAL COMPANY NAME \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

CUSTOMER ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FEDERAL ID NUMBER \_\_\_\_\_

(Hereinafter called CUSTOMER), hereby authorizes Jackson Oil & Solvents, Inc. hereinafter called COMPANY, to initiate debit/credit entries to the account indicated below, and the depository (bank) named below to debit the same to such account.

BANK NAME \_\_\_\_\_ BRANCH \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TRANSIT/ABA NO. \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ COMMERCIAL/CONSUMER \_\_\_\_\_  
(SPECIFY ACCOUNT TYPE)

This authority is to remain in full force and effect until 15 days after COMPANY has received written notification from CUSTOMER of its termination. Notice of cancellation shall in no way affect debit or credit entries initiated prior to actual receipt of notice. After the account has been charged, I have the right to have the amount of any erroneous debit credited to my account by the COMPANY, provided I (We) send written notice of such debit entry in error to the COMPANY.

CUSTOMER understands that the debit entry will only be accepted by COMPANY if sufficient funds are available in CUSTOMER'S account, and CUSTOMER agrees separately with COMPANY to maintain such funds at all times in said account. In the event an entry is not accepted for any reason, there will be a \$50 (fifty dollars) charge for drafts under \$5,000 returned unpaid, and, a \$250 (two hundred-fifty dollars) charge for drafts in excess of \$5,000, returned unpaid by our depository. If it becomes uncollectible, the total (fees included), becomes a secured claim.

Drafts returned by our depository for NSF, Uncollected Funds, Stop Payment, Closed Account, Unable to Locate and Frozen/Blocked account will not be resubmitted as an electronically transferred draft. CUSTOMER must remit payment to COMPANY by bank certified check, cashier's check or money order.

All other credits, terms of sale and requirements between CUSTOMER and COMPANY remain in effect. It is understood that this authorization is subject to credit approval by COMPANY.

AUTHORIZED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

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

Signature \_\_\_\_\_

Title \_\_\_\_\_

**NOTE: A copy of a VOIDED CHECK must be attached.**

Please fax completed form to: 317-222-7702

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CONFIDENTIAL CREDIT APPLICATION - PLEASE MAIL OR FAX COMPLETED FORMS TO JACKSON OIL & SOLVENTS, INC

**Form ST-105**  
State Form 49065 R4/8-05

### Indiana Department of Revenue General Sales Tax Exemption Certificate

Indiana registered retail merchants and businesses located outside Indiana may use this certificate. The claimed exemption must be allowed by Indiana code. Exemption statutes of other states are not valid for purchases from Indiana vendors. This exemption certificate can not be issued for the purchase of Utilities, Vehicles, Watercraft, or Aircraft. Purchaser must be registered with the Department of Revenue or the appropriate taxing authority of the purchaser's state of residence.

Sales tax must be charged unless all information in each section is fully completed by the purchaser. Purchasers not able to provide all required information must pay the tax and may file a claim for refund (Form GA-110L) directly with the Department of Revenue.

Section 1 (print only)	Name of Purchaser _____		
	Business Address _____	City _____	State _____ Zip _____
	Purchaser must provide minimum of one ID number below.*		
	Provide your Indiana Registered Retail Merchant's Certificate TID and LOC Number as shown on your Certificate.		
	TID# (10 digits)	LOC# (3 digits)	
	If not registered with the Indiana DOR, provide your State Tax ID Number from another State.		
	State ID#	State of Issue	

\*See instructions on the reverse side if you do not have either number.

Section 2	Is this a <input type="checkbox"/> blanket purchase exemption request or a <input type="checkbox"/> single purchase exemption request? (check one)	
	Description of items to be purchased. _____	

Section 3	Purchaser must indicate the type of exemption being claimed for this purchase. (check one or explain)	
	<input type="checkbox"/>	Sales to a retailer, wholesaler, or manufacturer for resale only.
	<input type="checkbox"/>	Sale of manufacturing machinery, tools, and equipment to be used directly in direct production.
	<input type="checkbox"/>	Sales to nonprofit organizations claiming exemptions pursuant to Sales Tax Information Bulletin #10. (May not be used for personal hotel rooms and meals.)
	<input type="checkbox"/>	Sales of tangible personal property predominately used (greater than 50 percent) in providing public transportation - provide USDOT#. A person or corporation who is hauling under someone else's motor carrier authority, or has a contract as a school bus operator, must provide their SS# or FID# in lieu of a State ID# in Section #1. USDOT# _____
	<input type="checkbox"/>	Sales to persons, occupationally engaged as farmers, to be used directly in production of agricultural products for sale. Note: A farmer not possessing a State Business License# may enter a FID# or a SS# in lieu of a State ID# in Section #1.
	<input type="checkbox"/>	Sales to a contractor for exempt projects (such as public schools, government, or nonprofits).
	<input type="checkbox"/>	Sales to Indiana Governmental Units (agencies, cities, towns, municipalities, public schools, and state universities).
	<input type="checkbox"/>	Sales to the United States Federal Government - show agency name. _____ Note: A U.S. Government agency should enter its Federal Identification Number (FID#) in Section #1 in lieu of a State ID#.
	<input type="checkbox"/>	Other - explain. _____

Section 4	I hereby certify under the penalties of perjury that the property purchased by the use of this exemption certificate is to be used for an exempt purpose pursuant to the State Gross Retail Sales Tax Act, Indiana Code 6-2.5, and the item purchased is not a utility, vehicle, watercraft, or aircraft.	
	I confirm my understanding that misuse, (either negligent or intentional), and/or fraudulent use of this certificate may subject both me personally and/or the business entity I represent to the imposition of tax, interest, and civil and/or criminal penalties.	
	Signature of Purchaser _____	Date _____
	Printed Name _____	Title _____

The Indiana Department of Revenue may request verification of registration in another state if you are an out-of-state purchaser.  
Seller must keep this certificate on file to support exempt sales.