



Welcome to Reeder Distributors Inc.

Thank You for your decision to join the Reeder Distributors Inc. family. We are a 2nd generation owned and operated company, in Ft Worth Texas for over **48 years.** Our staff is dedicated to Honesty, Integrity, and Customer Service. We have the ability and the experience to handle your account in a professional manner.

Enclosed is a fillable credit application, ACH form, a vehicle list, and a drivers list. Our program is set up on *Weekly Billing- Net 7 Days*. Most customers pay by ACH.

The cards can be customized to your specific needs. We make every attempt to get your cards processed correctly and timely. Please allow 10 to 14 Days for delivery.

**** Note: Production is currently on Covid 19 protocols—please be patient. ****

If you have any questions or need any help, please call me at (817) 456-4423, or call Debi Harpole at (817) 429-5957. Please scan all of the forms, and then EMail back to jimb@rdinc.us. I will get your order started promptly.

Thanks again and Welcome Aboard. I appreciate your business and will do whatever it takes to keep your trust. Let me know if I can help in any way,

Sincerely,

Jim Boone



Remit to:
P.O. Box 225264
Dallas, TX 75222-5264

Correspondence:
P.O. Box 8237
Fort Worth, TX 76124

Ship To:
5450 Wilbarger
Fort Worth, TX 76119

Phone 817.429.5957 • Toll 800.722.3103 • Fax 817.429.9052
Visit our website at: www.reederdistributors.com

Credit Application

Business Information

Sales Rep _____

Legal Company Name _____ State Taxpayer ID (9 digit) _____ Federal ID (11 digit) _____

Billing Address _____ City _____ State _____ Zip _____ County _____

Physical Address _____ City _____ State _____ Zip _____ County _____

Office Phone _____ Fax _____ Website _____ DUNS # _____

Accounts Payable Contact _____ Phone _____ Email _____

Purchasing Agent _____ Phone _____ Email _____

_____ Corporation LLC Partnership Sole Proprietorship
Credit Limit Requested _____ Years in Business _____

_____ PO Required Job Name Required Sales Tax Exempt Dyed Diesel User

Type of Business _____ Industry (SIC Code) _____ (Attach Exempt Cert) (Attach Signed Statement/Bond)

Owner(s) or Partners (Attach additional sheet if necessary)

Name _____ Title _____ Social Security Number _____ % Ownership _____

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Bank Reference

Bank Name _____ Contact Name _____ Phone _____ Fax _____ Email _____

Address _____ City _____ State _____ Zip _____ Account # (Required to obtain reference) _____

Credit References – NO CREDIT CARD OR FUEL CARD REFERENCES

Company Name _____ Contact Name _____ Phone _____ Fax _____ Email _____

Address _____ City _____ State _____ Zip _____

Company Name _____ Contact Name _____ Phone _____ Fax _____ Email _____

Address _____ City _____ State _____ Zip _____

Company Name _____ Contact Name _____ Phone _____ Fax _____ Email _____

Address _____ City _____ State _____ Zip _____



P.O. Box 8237, Fort Worth, Texas 76124
Phone: 817.429.5957 Fax: 817.429.9052
www.reederdistributors.com

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)

COMPANY NAME _____

COMPANY FEDERAL ID NUMBER _____

We hereby authorize **Reeder Distributors, Inc.** to initiate debit entries to our Checking Account indicated Below and the depository (bank) named below to debit the same to such account.

Bank Name

Bank Address

Bank ABA Number _____

Account Number _____

This authority is to remain in full force and effect until Reeder Distributors, Inc. has received written notification from us of its termination in such time and in such manner as to afford Reeder Distributors, Inc. a reasonable opportunity to act on it. After the account has been charged, we have the right to have the amount of an erroneous debit credited back to my account by Reeder Distributors, Inc., provided we send written notice of such debit entry in error to Reeder Distributors, Inc.

NAME _____

SIGNED _____

DATE _____

****Please print and hand sign document****

VEHICLE CARDS LIST

**** Ffillable-**Enter your information below the headings ******



Company Name

Contact Name

Date

Vehicle ID # Numbers Only	Unit #	Vehicle Description Year, Make, and Model (17 Character limit)	Dept.	Fuel Types Allowed	Total Tank Size	Fueling Trans. Per Day	Daily Gallon Limit	Weekly Gallon Limit	D.E.F \$ Weekly	Oil Per Week \$	Other Per Wk \$	Off Road Use Y or N
Example	Of	How To Fill Out The Form	Dept.	Fuels	Tank	D	D	D	D	\$	\$	Y-N
26743	PU-403	2010 Ford F-250 X	Service	Diesel	35	3	105	735	12	20	0	N
54091	Gen-408	Generator 5943 XL	Maint.	Unlead	15	3	60	315	N/A	5	15	Y
												NO
												NO
												NO
												NO
												NO
												NO
												NO
												NO
												NO
												NO
												NO
												NO
												NO
												NO

**** Please Note** D=Denial You will be denied any transactions past this number**

Driver List

**** Fillable**-Enter your information below the headings ******



Company Name

Contact Name

Date

No	Last Name, First Name	Driver ID (pin #)	No.	Last Name, First Name	Driver ID (pin #)
1			13		
2			14		
3			15		
4			16		
5			17		
6			18		
7			19		
8			20		
9			21		
10			22		
11			23		
12			24		