



County Administrator's Office

Craig L. Pedro
County Administrator

Tuolumne County Administration Center
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Phone (209) 533-5511
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www.tuolumnecounty.ca.gov

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TO: TUOLUMNE COUNTY EMPLOYEES

Tuolumne County currently contracts with WH Breshears (WHB) for vehicle fuel needs.

WH Breshears is extending discounted fuel pricing to all Tuolumne County employees. Please read the following information to find out how you can take advantage of this offer.

“This program will provide you with discounted fuel that will be based upon actual average wholesale point of origin terminal cost of fuel posted weekly by Oil Price Information Service (OPIS). WHB adds a discounted margin (including freight) plus the applicable mandated taxes and fees.

Upon credit approval, your billing and payment terms will be bi-weekly... this is not a retail cash for fuel offering, you will enjoy bi-weekly terms at no additional cost unless paid by credit card.

WHB uses Monday's a.m. OPIS, Stockton average wholesale reference costs and makes it your cost basis, and thereafter, change it every Monday a.m. This helps remove the highs and lows within the market from your pricing experience and allows you to better compare your long-term costs vs. surrounding retail sites. Although WHB cannot guarantee this level of comparative performance over a period of time, they anticipate the program net costs to you will generally compare.

WHB Fleet Fueling Card will provide access to all other non-WHB, Inc. owned CFN sites but daily fuel pricing will be independent of this offer.

Please complete the credit application and mail it to:

WH Bresehars, Inc.
Tim Riner
13079 Sanguinetti Rd
Sonora CA 95370

Mr. Riner will be happy to assist you if you have any questions. He can be contacted at (209) 532-4534 or triner@whbreshears.com.”

...serving the Board of Supervisors, departments, and the community as good stewards of the County's fiscal and human resources through collaborative, professional and ethical leadership.

Credit Application

P.O. BOX 392
 MODESTO, CA 95353
 (209) 522-7291 / (800) 637-4427
 (209) 522-2406 FAX
 WWW.WHBRESHEARS.COM

Your Energy Source.



PLEASE COMPLETE BOTH SIDES

PLEASE COMPLETE FOR INDIVIDUAL OR BUSINESS ACCOUNT					
BUSINESS NAME				TELEPHONE	
LAST NAME <i>(Personal Accounts Only)</i>		FIRST NAME	MIDDLE	SOCIAL SECURITY NO.	
SPOUSE MAIDEN NAME <i>(Personal Accounts Only)</i>		FIRST NAME	MIDDLE	SOCIAL SECURITY NO.	
STREET ADDRESS		CITY	STATE	ZIP CODE	HOW LONG HOME PHONE
MAILING ADDRESS				HOW LONG? YEARS MONTHS	
FORMER ADDRESS				HOW LONG? YEARS MONTHS	

BUSINESS INFORMATION – PLEASE COMPLETE FOR ALL BUSINESS PRINCIPLES, OWNERS, PARTNERS CORPORATE OFFICERS					
OWNERSHIP <input type="radio"/> INDIVIDUAL <input type="radio"/> PARTNERSHIP <input type="radio"/> CORPORATION		TYPE OF BUSINESS		MAXIMUM CREDIT DESIRED (Monthly) \$	
HOW LONG IN BUSINESS? YEARS DATE STARTED		DATE INCORPORATED		RESALE IF YES, # <input type="radio"/> YES <input type="radio"/> NO FEDERAL I.D. NO.	
OWNER/PRINCIPAL		DRIVER'S LICENSE NO.		STATE SOCIAL SECURITY NO. AFTER HOURS TELEPHONE	
RESIDENCE ADDRESS		CITY		STATE ZIP CODE	
OWNER/PRINCIPAL		DRIVER'S LICENSE NO.		STATE SOCIAL SECURITY NO. AFTER HOURS TELEPHONE	
RESIDENCE ADDRESS		CITY		STATE ZIP CODE	
OWNER/PRINCIPAL		DRIVER'S LICENSE NO.		STATE SOCIAL SECURITY NO. AFTER HOURS TELEPHONE	
RESIDENCE ADDRESS		CITY		STATE ZIP CODE	
OWNER/PRINCIPAL		DRIVER'S LICENSE NO.		STATE SOCIAL SECURITY NO. AFTER HOURS TELEPHONE	
RESIDENCE ADDRESS		CITY		STATE ZIP CODE	

PERSONAL INFORMATION – PLEASE COMPLETE FOR INDIVIDUAL ACCOUNTS						
DRIVER'S LICENSE NO. (State)		DATE OF BIRTH	SPOUSE DRIVER'S LICENSE (State)		SPOUSE DATE OF BIRTH	MAXIMUM CREDIT DESIRED (Monthly) \$
EMPLOYER		TITLE		LENGTH OF EMPLOYMENT	WORK TELEPHONE	SPOUSE EMPLOYER
SPOUSE EMPLOYER		TITLE		LENGTH OF EMPLOYMENT	WORK TELEPHONE	SPOUSE EMPLOYER
MONTHLY TAKE-HOME WAGES \$	SPOUSE'S TAKE-HOME WAGES \$		OTHER INCOME * \$		* You need not disclose alimony, child support, or maintenance payments if you do not want us to consider them.	
NAME, ADDRESS & TELEPHONE NO. OF NEAREST RELATIVE NOT LIVING WITH YOU						

PLEASE COMPLETE FOR ALL ACCOUNTS					
CREDIT REFERENCES	ADDRESS OR BRANCH		AREA CODE & PHONE #.	AREA CODE & FAX #	
BANK	BANK ACCOUNT NO.	ADDRESS OR BRANCH		A/C & TELEPHONE NO.	
BANK	BANK ACCOUNT NO.	ADDRESS OR BRANCH		A/C & TELEPHONE NO.	
BANKRUPTCY <input type="radio"/> YES <input type="radio"/> NO		IF YES, TYPE		WHERE	WHEN