

TO OUR NEW CUSTOMER:

We are pleased that you are interested in purchasing product(s) from Par Pacific in the near future. To help us prepare for your purchases, we have enclosed the following documents:

* Customer KYC Questionnaire

Includes a request for financial statements which is a necessary step for an open line of credit. Please include your last two year-end financial statements with footnotes, preferably audited or prepared by an outside accounting firm. We assure you that all information provided will be held in strict confidence.

- * Customer Draft Authorization Form and an informational letter on our Electronic Funds

 Transfer System (ACH). (Not applicable to a prepayment account.)
- * Customer Tax Information

Please sign and return these documents to your Representative **and** copy Par Contracts at <u>counterpartysetup@parpacific.com</u> & the Corporate Credit department at <u>cashandcredit@parpacific.com</u>. If you have any questions, please send all inquires directly to <u>cashandcredit@parpacific.com</u>.



Par Hawaii Refining, LLC	☐ Hermes Consolidated d	ba Wyoming Refining Company	/, LLC	U.S. Oil & Refining Co.
--------------------------	-------------------------	-----------------------------	--------	-------------------------

Customer KYC Questionnaire				
Full name of Firm:				
Office Address:				
Registered Address if different that	ın above:			
Federal ID #		Date of Incorporation:	(yyyy/mm/dd)	
		Type of business operation:		
Product requirements:		Customer Classification: (e.g. Reseller/ End User)		
Estimated Monthly Requirements ((gal.)			
Estimated Monthly Deal Value (US	\$)			
Principal Officer(s) & Title(s):				
Please state the name	of any shareholde	ers who own more than 25% o	f your company	
Company/Full Name (individuals)	Percentage Owned	Country of Incorporation/ Date of Birth (individuals)	Registered Company Number or Citizenship (individuals)	
Please indicate the ultimate beneficial owner of your company *				

Please include the following information:

A list of items in the below table

Fax: (832) 916-3329

counterpartysetup@parpacific.com

- Attached EFT form completed including copy of canceled check or deposit slip. Form must be signed.
- Copies of tax exemption certificates that would exempt federal or local taxes. Please note: <u>all</u> taxes will be imposed on products unless certificates are received and in good order.

Certification Required

Name: _____ Phone: ___

Document		(Documents must be certified by a notary or independent lawyer)	
Certificate	of Incorporation		
Copy of you	ur Memorandum and Articles of Asso	ciation, or equivalent	
Register of	Directors or Board Resolution appoir	nting the Directors	
ID** of at le	east one of the current Directors		
_	ster/Certificates detailing shareholde company shares.	rs who own 25% or	
Ownership	Structure up to the Ultimate Benefic	ial Owner(s)	
ID** for an ownership	y shareholders/beneficial owners wit	h a 25% or more	
Audited An	nual Reports and Financial Statemen	ts for the last two years	
Bank Refer	ence Letters		
List of auth and stampe	orized signatories dated within the la	st 3 months duly signed	
Counterpar	ty/Trade Reference Letters		
unable to p	vide an explanation if you are provide any of the supporting equested above:		
Signed:			
Position:			
Print Name	:		
Date:			
Please kindly Send to:	Par Pacific Holdings, Inc. 825 Town and Country Lane, Suite 1500 Houston TX 77024 Attn: ContractsTel: (281) 899-4800	KYC/COMPLIAN Email:	de the contact points below: (Name and phone numb

825 Town and Country Lane, Suite 1500, Houston, TX 77024 Office Phone: (281) 899-4800 Fax (832) 916-3329

Email:

OPERATIONS



AUTHORIZATION TO CHECK INDIVIDUAL CREDIT HISTORY

FULL NAME:		
RESIDENTIAL ADDRESS:		
DATE OF BIDTH		
DATE OF BIRTH:		
	ousiness to whom this application is m siness transaction involving the firm m	nade to check my individual credit history naking this application.
SIGNATURE	DATE	
FULL NAME:		
RESIDENTIAL ADDRESS:		
DATE OF BIRTH:		
	ousiness to whom this application is m siness transaction involving the firm m	nade to check my individual credit history naking this application.
SIGNATURE	DATE	
FULL NAME:		
RESIDENTIAL ADDRESS:		
DATE OF BIRTH:		
I hereby authorize the bin connection with a bus	ousiness to whom this application is mainess transaction involving the firm m	nade to check my individual credit history naking this application.
SIGNATURE		



☐ Par Hawaii Refining, LLC	☐ Hermes Consolidated dba	Wyoming Refining Company, LLC	☐ U.S. Oil & Refining Co.
	Customer Draft	t Authorization Form	
Dear Customer:			
	m my depository financial in	Par Pacific Holdings, Inc. and its stitution account indicated belo	
Customer Name:			
Banking Institution:			
Banking Institution Add	ress:		
Name on Bank Account	:		
ACH Routing Transit (A	BA) No.:		
ACH Account Number:			
Email for EFT remittance	advice:		
Fifysical Mailing Address.	·		
		Par Pacific has received written party giving at least forty-five (45)	
I understand that Par Pacific time the returned item is paid		35.00 for any returned ACH item	s, which will be collected at the
		oust be notified at least one (1) we uted amount until it has been rec	
(Name of Company/Payer)			_
By:			
(Signature of Authorized Rep	oresentative)	Date	

For Internal Use Only:

Banking information/update has been verbally confirmed.

Title: _____