

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT) PROGRAM

The undersigned company ("Company") authorizes HF Sinclair Refining & Marketing LLC, its successors or assignees ("HF Sinclair"), to originate debit entries to its checking account as indicated below and the Depository Institution ("Bank") to accept and to debit the amount of such entries from the Company's account. Such entries will be limited to the invoice amount(s) on their respective due dates for products/services ordered by the Company or its representatives from HF Sinclair. Terms and conditions governing the EFT program may be amended from time to time upon written agreement of HF Sinclair and the Company.

Company _____ **Federal ID #** _____
Address _____
_____ **Phone #** (____) _____

Bank Name _____ **Phone #** (____) _____
Address _____

Company Name as Illustrated on Checks _____

Bank Routing # _____ **Company Account #** _____

This agreement is to remain in full force and effect until HF Sinclair receives written notification of termination from Company, and in no event shall termination be effective with respect to debit entries originated prior to HF Sinclair's receipt of notice of termination. This agreement shall be governed by the NACHA operation rules. The Company understands that debit entries will be honored if sufficient funds are available in the Company's account. In the event a debit entry is returned to HF Sinclair as uncollected, the gross amount of the invoice or invoices covered by it will be immediately due and payable along with any associated finance and bank charges, and further participation in the EFT program may be terminated at the option of HF Sinclair. If the EFT program is terminated, future purchases and payment terms must be approved at the sole discretion of HF Sinclair's Credit Department. In the event any error in billing, invoicing or pricing occurs, HF Sinclair will promptly make the correction. Please note our ACH originator ID is 1202008139.

As a courtesy, HF Sinclair will send an EFT notice one (1) business day before the scheduled due date. Please choose how you would like to receive your EFT notices (see options below):

DTN (Fax) **DTN (Email)** **Non-DTN (Fax)** **Non-DTN (Email)**

Fax # _____
E-mail Address _____
Contact Name _____

HF Sinclair reserves the right to cancel this program at any time by written notice to the Company.

AUTHORIZED SIGNATURE(S) FROM COMPANY (per checking account)

Signature _____	Signature _____
Title _____	Title _____
Date _____	Date _____

HF SINCLAIR ACCEPTANCE

Signature _____ Date _____
Michael Gluck
Title Director, Credit & Collections

Please return the Agreement to the address below.

ADDRESS: HF SINCLAIR REFINING & MARKETING LLC
2828 N. HARWOOD, SUITE 1300
DALLAS, TX 75201
FAX: 214.954.6627