

Welcome to Co-Alliance LLP!

We look forward to earning your business and delivering products to you. To open a cash-only or credit approved account as soon as possible, follow these tips:

1. Review these points and then scroll down to the easy 10-Step application.
2. Complete both sides of the application and sign at the bottom of the back panel.
3. If all transactions will be cash-only (meaning you will pay cash, debit card or credit card at time of delivery and receive no terms or statement from us), you have the option to complete only side one, and sign at instruction point #6.
4. If you request keep full or a Co-Alliance tank, you must complete both sides and sign at the bottom of the back side.
5. Please complete as fully as possible to avoid delays.



scroll down to apply 

1. START HERE. HOW CAN WE SERVE YOU?

OFFICE USE: A CO PP EA D LS DC

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> FARM SUPPLY | <input type="checkbox"/> HOME PROPANE (LP) | <input type="checkbox"/> KEEP FULL (credit approval and your signature on back of this application is required) | <input type="checkbox"/> CHECK IF TANK IS ALREADY SET |
| <input type="checkbox"/> LIQUID FUELS | <input type="checkbox"/> HOME HEATING OIL | | <input type="checkbox"/> CHECK IF IT IS A CO-OP TANK |
| <input type="checkbox"/> FUEL PUMP CARD(S) | <input type="checkbox"/> CHECK IF YOU NEED A TANK (credit approval and your signature on back of this application is required) | <input type="checkbox"/> WILL CALL | |

PREVIOUS PROVIDER

*If requesting fuel service, please be sure **delivery instructions** (below Step 4) are complete before returning this form.

CO-ALLIANCE DEPT #

CO-ALLIANCE ACCT #

YOUR REP'S NAME:



5250 E US Hwy 36, Building 1000
Avon, IN 46123 (317) 745-4491
FAX (317) 745-1248

2. INDIVIDUALS & DBAs COMPLETE THIS SECTION. THIS DATA ALLOWS US TO BEGIN YOUR CO-ALLIANCE ACCOUNT.

NAME (LAST, FIRST, MIDDLE) OR DBA IF APPLICABLE

DATE OF BIRTH

SOCIAL SECURITY NUMBER

PRESENT ADDRESS

CITY/STATE/ZIP

TELEPHONE

CELLPHONE

SPOUSE CO-APPLY/ AUTHORIZED ON ACCOUNT?

☐ YES ☐ NO

YES? SPOUSE'S NAME:

EMPLOYER

LENGTH OF SERVICE

OCCUPATION

TAKE HOME PAY?

EMPLOYER ADDRESS

CITY/STATE/ZIP

NAME OF YOUR BANKING INSTITUTION

ADDRESS

PHONE

NAMES ON ACCOUNT AND ACCOUNT NUMBERS

3. IS THERE A CO-APPLICANT OR AUTHORIZED SPOUSE? COMPLETE THIS SECTION.

CO-APPLICANT NAME (LAST, FIRST, MIDDLE)

DATE OF BIRTH

SOCIAL SECURITY NUMBER

PRESENT ADDRESS

CITY/STATE/ZIP

EMPLOYER

LENGTH OF SERVICE

OCCUPATION

TAKE HOME PAY?

4. ARE YOU REQUESTING FUEL SERVICE? WE NEED YOUR HELP HERE TO FIND YOU.

DESCRIPTION AND DELIVERY ADDRESS WHERE THE FUEL TANK IS OR WILL BE LOCATED:

HOME INFORMATION:

LANDLORD NAME:

LANDLORD PHONE

SPECIAL INSTRUCTIONS FOR OUR REPRESENTATIVE TO KNOW?

☐ OWN ☐ RENT

5. DO YOU SEEK AN ACCOUNT AS A BUSINESS, CORPORATION, PARTNERSHIP, LLC OR LLP? COMPLETE THIS SECTION.

CORPORATION NAME

PARENT COMPANY?

PLEASE PROVIDE PHONE AND FAX NUMBER

LIST PRINCIPAL OWNERS/PARTNERS BY NAME

TITLE

SOCIAL SECURITY NUMBER

CORPORATION ADDRESS

CORP CITY/STATE/ZIP

NAME OF BUSINESSES' BANKING INSTITUTION

ADDRESS

PHONE

NAMES ON ACCOUNT AND ACCOUNT NUMBERS

IF LESS THAN 3 YEARS AT THIS ADDRESS, PREVIOUS ADDRESS

CITY/STATE/ZIP

YEARS IN OPERATION

TAX EXEMPT NUMBER

FEDERAL ID NUMBER

Be advised: You may be asked to submit a recent financial statement in the name of this corporation.

6. YOU MUST CONTINUE ON BACK SIDE FOR CREDIT. SIGN HERE IF YOU PAY CASH, DEBIT CARD & CREDIT CARD ONLY.

By signing here, I indicate I have read and agree to all terms and conditions on **back side**. I authorize Co-Alliance to release this application to my bank in order to obtain a bank reference.

For individuals:

For business entities:

Applicant Signature _____ Date _____

Authorized Signature _____

Co-Applicant Signature _____ Date _____

Title _____ Date _____

THIS IS A CONTINUATION OF THE CO-ALLIANCE ACCOUNT APPLICATION ON THE FRONT SIDE.

WE VALUE YOUR BUSINESS AND LOOK FORWARD TO SERVING YOU. ALL INFORMATION WILL BE KEPT IN CONFIDENCE. ALL APPLICANTS ARE NOTIFIED BY MAIL OF THEIR STATUS. INFORMATION BELOW WILL ALLOW YOUR ACCOUNT TO BE BILLED MONTHLY FOR PRODUCTS/SERVICES YOU RECEIVE, AS WELL AS WRITE CHECKS.

7. PLEASE PROVIDE THREE CREDIT REFERENCES. (CREDIT CARDS AND BANKS ARE NOT CREDIT REFERENCES.)

NAME OF CREDITOR	TYPE OF ACCOUNT	LINE OF CREDIT/LIMIT	CURRENT BALANCE	PLEASE PROVIDE PHONE AND FAX NUMBER

☐ FINANCIALS ENCLOSED.

☐ FINANCIALS NOT REQUIRED.

PLEASE NOTE: FOR CREDIT MONTHLY BALANCES OF \$100,000 YOUR MOST RECENT FINANCIALS SHOULD BE SUBMITTED WITH THIS FORM. FINANCIAL STATEMENTS MAY BE REQUIRED FOR CREDIT LIMITS UNDER \$100,000 AS WELL.

IMPORTANT: HAVE YOU DECLARED BANKRUPTCY IN THE LAST 10 YEARS? ☐ NO

☐ IF YES, WHERE:

ARE THERE ANY GARNISHMENTS OR JUDGEMENTS PRESENTLY LEVIED AGAINST YOU? ☐ NO

☐ IF YES, EXPLAIN:

8. IF YOU APPLY AS A BUSINESS ENTITY, CORPORATION, LLC OR PARTNERSHIP, PLEASE COMPLETE THIS SECTION.

WHO IS AUTHORIZED TO USE/ORDER FOR THIS ACCOUNT?	AMOUNT OF CREDIT REQUESTED?

WILL A PURCHASE ORDER BE REQUIRED? ☐ YES ☐ NO

NAME OF ACCOUNTS PAYABLE MANAGER

PLEASE SUBMIT A COPY OF YOUR ARTICLES OF INCORPORATION WITH THIS FORM.

☐ ENCLOSED

DOES ANY PRINCIPLE OWNER OF THIS COMPANY HAVE AN OWNERSHIP INTEREST IN ANY ENTITY THAT HAS A CREDIT ACCOUNT WITH CO-ALLIANCE? ☐ YES ☐ NO
IF YES, UNDER WHAT BUSINESS NAMES AND ACCOUNT NUMBERS?

9. WILL YOU REQUIRE FUEL CARDS (PERSONAL OR BUSINESS) FOR THIS ACCOUNT? COMPLETE THIS SECTION.

CARD PRIMARILY USED FOR <input type="checkbox"/> BUSINESS USE <input type="checkbox"/> PERSONAL USE	REQUIRE MULTIPLE CARDS? <input type="checkbox"/> YES, I NEED <input type="checkbox"/> JUST ONE	OTHER CONSIDERATIONS?
IF A FLEET, NUMBER OF VEHICLES TO FUEL	ESTIMATED MONTHLY FUEL VOLUME	DIESEL GALLONS
		GASOLINE GALLONS

10. LAST STEP! PLEASE READ LEGAL TERMS BELOW. TERMS APPLY TO ALL ACCOUNTS. PLEASE SIGN AS APPROPRIATE.

By signing on the front of this document (cash, debit card and credit card privileges only) or the back side (full credit application), I indicate that I have read and agree to the terms and conditions provided. Everything I have stated in this application or information that I have submitted with this application is accurate and true. I understand that there is a check limit of \$10,000 (business account) and \$2,500 (personal account) upon approval. If Co-Alliance receives an insufficient funds check from the account holder, and/or as a condition of establishing credit, the following applies. I/We agree to pay the balance due and in addition all applicable FINANCE CHARGES which I/we hereby agree to pay in accordance to all terms and conditions in which I/we are notified from time to time, including but not limited to periodic statements sent to me setting forth the outstanding obligations I/we have to you. In the event judicial proceedings are commenced to collect sums owed on their account, all parties agree that such proceedings shall be venued in Hendricks County, Indiana, and all parties hereby consent to jurisdiction of the Courts of Hendricks County, Indiana. I/We hereby agree to pay all attorney fees and court costs if this account is referred to attorneys for collection, without relief from valuation and appraisal laws. In accordance with Article 9 Section 402 of the UCC Code, the buyer further grants to seller a security interest in buyer's equipment, contract rights, inventories, receivables and proceeds of sales as collateral to secure the buyer's performance of all obligations. I/we hereby acknowledge Co-Alliance may run a lien search for the entity or individual applying for credit. The buyer further authorizes the seller to file a financing statement without buyer's signature. A Finance Charge may be imposed if the unpaid balance shown on the current statement as the New Balance is not paid before the due date. If a Finance Charge is added, it is computed on the Average Daily Balance noted on the face of this statement at a periodic rate of 1.75% per month, which is an annual percentage rate of 21% or the highest prevailing rate provided by law. By signing, I authorize Co-Alliance LLP to investigate my credit record and report to proper persons and bureaus my performance of this agreement and to answer any questions about their credit experience with me. I authorize Co-Alliance to release this application to my bank in order to obtain a bank reference.



See future billing statements for important data.

SIGN HERE to indicate you seek credit privileges. Signing on the FRONT of this document indicates you will pay ONLY by cash, debit card and credit card. Be sure to sign appropriately. Incomplete applications will be returned. Signature indicates you have read and agree to all terms and conditions.

For individuals:

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

For business entities:

Authorized Signature _____

Title _____ Date _____

Thank you! Return this form to your branch or the address/fax number provided on the front page. If you completed the form electronically, print, sign and return. For your protection, the electronic version cannot be filed via e-mail. It must be signed by hand and returned to Co-Alliance.