
 CO-ENERGY <small>A CONNELL OIL INCORPORATED COMPANY</small>		Phone (509) 547-3326 Fax (509) 547-1259 Email: credit@connelloil.com or mail: PO Box 3998, Pasco, WA 99302		Locations: Pasco, Connell, Oroville, Spokane, Sunnyside, Yakima and Ritzville dba Bronco Farm Supply			
Application to Purchase (check all that apply): <input type="checkbox"/> BULK FUEL <input type="checkbox"/> LUBES <input type="checkbox"/> CARDLOCK <input type="checkbox"/> OTHER				SALESMAN _____		ACCOUNT# _____	
Would you like to receive your invoices/statements by (check one)				<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email		email address COMPLETE BELOW	
INDIVIDUAL ACCOUNT APPLICANT	INDIVIDUAL ACCOUNT APPLICANT (for personal account only)						
	NAME (First, Middle Initial, Last)			SPOUSE's NAME		EMAIL ADDRESS:	
						TELEPHONE ()	
	DATE OF BIRTH / /		SOC SEC#		CELL ()		FAX ()
	BILLING ADDRESS			CITY		STATE ZIP CODE	
	STREET ADDRESS			CITY		STATE ZIP CODE	
	EMPLOYER			Telephone ()		YEARS EMPLOYED	
	SPOUSE'S EMPLOYER			Telephone ()		YEARS EMPLOYED	
	BUSINESS ACCOUNT APPLICANT	This Business is a		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC			
FULL LEGAL NAME			TELEPHONE ()		Fax ()		
DBA			FEDERAL ID #		Years in Business		
BILLING ADDRESS			CITY		STATE ZIP CODE		
STREET ADDRESS			CITY		STATE ZIP CODE		
PARENT COMPANY			ADDRESS		Telephone #		
PO's REQUIRED <input type="checkbox"/> Y or <input type="checkbox"/> N			Would you like to pay by ACH <input type="checkbox"/> Y or <input type="checkbox"/> N IF Yes, Form will be sent for Set up with the Bank				
OWNERS/OFFICERS							
NAME 1 (FIRST, MIDDLE, LAST)			Cell ()				
NAME 2 (FIRST, MIDDLE, LAST)			Cell ()				
ACCOUNTS PAYABLE CONTACT	NAME			Email		Telephone () FAX ()	
	SALES TAX EXEMPT <input type="checkbox"/>			YES (PLEASE ATTACH RESELLER'S PERMIT OR FARMERS EXEMPT FORM) <input type="checkbox"/> NO <input type="checkbox"/>		CREDIT REQUESTED \$	
INDIVIDUAL AND BUSINESS ACCOUNT APPLICANTS COMPLETE ALL BANK AND TRADE REFERENCES							
BANK AND BRANCH							
BANK NAME			BRANCH			Account #	
Telephone ()			Fax ()			Contact Name	
TRADE REFERENCES							
(1) COMPANY NAME							
CONTACT			Telephone ()			Fax ()	
(2) COMPANY NAME							
CONTACT			Telephone ()			Fax ()	
CURRENT PETROLEUM SUPPLIER			Telephone ()			Fax ()	
CUSTOMER AGREEMENT ~ TO BE COMPLETED BY ALL APPLICANTS							
The undersigned hereby makes this application for credit, by doing so acknowledges/agrees that Creditor may utilize outside credit reporting services to obtain information on the undersigned. The signing of this agreement shall constitute authorization to the Creditor to Utilize consumer credit information to appropriately evaluate the extension of business or personal credit. CO-Energy reserves the right to request a new credit application and utilize consumer credit reports for account reviews, as deemed necessary. Payment will be due in full within 15 days of statement date, unless otherwise noted on the invoice. I agree to pay a finance charge of 1.5% per month (18% per year) on any delinquent balances, any resonable attorney fees, court costs, and/or collection fees incurred in the collection of unpaid accounts. All legal actions will be held in Franklin or Benton Counties. All information furnished will be held strictly confidential. There is a \$35.00 fee for all returned checks.							
SIGNED _____			TITLE _____			DATE _____	
Print Name _____							
(MUST BE SIGNED BY PRINCIPAL, OWNER OR PERSON AUTHORIZED TO REPRESENT ACCOUNT)							
Business Owner Information: (Please print)							
Name: _____		Spouse's Name _____		Phone # _____		Cell # _____	
ADDRESS _____		CITY, STATE, ZIP _____		DOB: _____		SocSec#: _____	
I authorize CO-Energy to run a personal credit check on myself. I personally guarantee all charges incurred on this account.							
Owners Signature _____			Print Name _____				
Spouse's Signature _____			Print Name _____				