



Phone (509) 547-3326
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 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): **BULK FUEL** **LUBES** **CARDLOCK** **OTHER** SALESMAN _____ ACCOUNT# _____

Would you like to receive your invoices/statements by (check one) **Mail** **Fax** **Email** email address COMPLETE BELOW

INDIVIDUAL ACCOUNT APPLICANT (for personal account only)

INDIVIDUAL	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 **Sole Proprietorship** **Partnership** **Corporation** **LLC**

BUSINESS	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	Y or N	Would you like to pay by ACH	Y or 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 YES (PLEASE ATTACH RESELLER'S PERMIT OR FARMERS EXEMPT FORM) NO 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 reasonable 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 _____