CO-ENERGY A CONNELL OIL INCORPORATED COMPANY	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 , Boise and Ritzville dba Bronco Farm Supply

BRONCO • FARM SUPPLY • A CONNELL OIL INCORPORATED COMPANY

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

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

BUSINESS ACCOUNT APPLICANT This Business is a Sole Proprietorship Partnership Corporation 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 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) *N O* 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/grees 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. Payment will be due in full within 15 days of the 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 will be 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_____

PRIDEADVANTAGE CARDS

Pacific Pride Customers Only:

Have you ever had a Pacific Pride card before? YES ☐ NO ☐

If yes, with what company? _____

When was the card(s) last used? _____

☐ **PRIDEADVANTAGE CARD**

The following card choices will only access the site specified. If you wish to access any other site, you will also need a PrideAdvantage card.

☐ **PORT OF KENNEWICK** ☐ **RICHLAND YACHT CLUB** (MUST BE A MEMBER) ☐ **CLOVER ISLAND YACHT CLUB** (MUST BE A MEMBER) ☐ **PROSSER AIRPORT**

ALL CARDS HAVE ACCESS TO BATHROOMS IN ADDITION TO THE FUEL TYPE SPECIFIED BELOW:

* ALL PRODUCT "**WITHOUT**" OFF ROAD = GAS & ON ROAD (CLEAR) DIESEL
* ALL PRODUCT "WITH" OFF ROAD = GAS & BOTH DIESELS (CLEAR & DYED)
* DIESEL ONLY = ON ROAD DIESEL (CLEAR)
* GAS ONLY = ALL GAS (87, 89 AND 91) **WOULD YOU LIKE TO BE ABLE TO ACCESS E-85? YES OR NO**
* 87 OCTANE GAS ONLY **(AVAILABLE AT RICHLAND LOCATION ONLY)**

Please list in the space provided below the description you would like for each card and pin number. Also, please check the boxes for the types of fuel(s) you would like each card to access and which card reader prompts you would like enabled.

Card Label Will Print on Cards and Invoices	**Card Number**	**4 Digit Pin #**	**Fuel Types**					**Card Reader Prompts**	
			Diesel	DEF	Off-Road Diesel	Gas	87 Gas Only	Odom	Misc. Entry
			☐	☐	☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐	☐	☐

FLEETWIDE CARDS

CFN Customers Only:

Have you ever had a CFN card before? YES NO

If yes, with what company? _____

When was the card(s) last used? _____

ALL CARDS HAVE ACCESS TO BATHROOMS IN ADDITION TO THE FUEL TYPE SPECIFIED BELOW:

* ALL PRODUCT "**WITHOUT**" OFF ROAD = GAS & ON ROAD (CLEAR) DIESEL
* ALL PRODUCT "WITH" OFF ROAD = GAS & BOTH DIESELS (CLEAR & DYED)
* DIESEL ONLY = ON ROAD DIESEL (CLEAR)
* GAS ONLY = ALL GAS (87, 89 AND 91 OCTANE)
* 87 OCTANE GAS ONLY

Please list in the space provided below the description you would like for each card and pin number. Also, please check the boxes for the types of fuel(s) you would like each card to access and which card reader prompts you would like enabled.

			Fuel Types					Card Reader Prompts	
Card Label Will Print on Cards and Invoices	**Card Number**	**5 Digit Pin #**	Diesel	DEF	Off-Road Diesel	Gas	87 Gas Only	Odom	Misc. Entry