



**PASCO OFFICE:**  
 1015 N Oregon Ave  
 PO Box 3998  
 Pasco, WA 99302  
 509.547.3326  
 fax 509.547.1259

Please  
 return  
 to

**CONNELL OFFICE:**  
 509.234.3311  
 fax 509.234.2850  
**RITZVILLE OFFICE:**  
 509.659.1532  
 fax 509.659.1223

**SUNNYSIDE OFFICE:**  
 509.837.5274  
 fax 509.839.3845  
**SPOKANE OFFICE:**  
 509.535.1534  
 509.535.6677

**YAKIMA OFFICE:**  
**FREETH FUEL**  
 1025 N 6<sup>th</sup> Ave  
 PO Box 70  
 Yakima, WA 98907  
 509.453.3920  
 fax: 509.457.6838

**Business Credit Application** Salesperson \_\_\_\_\_ Account # \_\_\_\_\_

Will purchases be for resale? Yes \_\_\_\_\_ No (If yes, please include WA Reseller Permit or your state specific Exemption permit)

Would you like invoices/statements: Mailed \_\_\_\_\_ Faxed \_\_\_\_\_ or emailed \_\_\_\_\_ (show address below)

**Company Name:** \_\_\_\_\_ Credit Limit Request \_\_\_\_\_

Type of Business: \_\_\_\_\_ Yrs in Bus. \_\_\_\_\_ Bonding Co & Phone# \_\_\_\_\_

Federal ID # or Social Security # \_\_\_\_\_ (whichever your business uses for tax purposes)

Business Type: Corporation  Partnership  Other  \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Physical Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Accounts Payable Email: \_\_\_\_\_

**Bank Information:**

Bank Name \_\_\_\_\_ Account # \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Contact: \_\_\_\_\_

**Trade References:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**CUSTOMER AGREEMENT**

The undersigned hereby makes this application for credit and by doing so acknowledges and agrees that Creditor may utilize outside credit reporting services to obtain information on the undersigned. The signing of this agreement shall also 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, and 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 confidential

**\*\* There will be a \$35.00 fee for all returned checks.**

SIGNED \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

(MUST BE SIGNED BY PRINCIPAL, OWNER OR PERSON AUTHORIZED TO REPRESENT ACCOUNT)

PRINT NAME \_\_\_\_\_

**Owner Information:**

Name: \_\_\_\_\_ Spouse's Name \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_ DOB: \_\_\_\_\_ Soc.Sec# \_\_\_\_\_

*I authorize Connell Oil, Inc 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 \_\_\_\_\_

**Pacific Pride Customers only:**

OFFICE USE ONLY

SCHED \_\_\_\_\_ V DISC \_\_\_\_\_

