

PASCO OFFICE:
 PO Box 3998
 Pasco, WA 99302
 (509) 547-3326
 Fax (509) 547-1259

CONNELL OFFICE:
 (509) 234 - 3311

RITZVILLE OFFICE:
 (509) 659-1532

Freeth Fuel

YAKIMA OFFICE:
 (509) 453-3920

SUNNYSIDE OFFICE:
 (509) 837-5274

Business Personal

Heating Oil **Pacific Pride** (see reverse)
 Keep full (check one) Will call
 Tank location: AG UG Basement (see reverse)

Account # _____
 Fuel code _____

BUSINESS		
FULL BUSINESS NAME	TYPE OF BUSINESS	YEARS IN BUSINESS
FEDERAL ID #	RESALE #	
<input type="checkbox"/> SINGLE ENTITY NOT A SUBSIDIARY	<input type="checkbox"/> SUBSIDIARY OF PARENT COMPANY (LIST NAME & ADDRESS OF PARENT COMPANY BELOW)	<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP (LIST NAMES & ADDRESSES OF PARTNERS BELOW)
DELIVERY ADDRESS	NAME OF CONTACT PERSON(S)	
CITY / STATE / ZIP	OFFICE ()	MOBILE PHONE ()
MAILING ADDRESS / CITY / STATE / ZIP (IF DIFFERENT THAN DELIVERY ADDRESS)		FAX PHONE ()

IF SUBSIDIARY, NAME OF PARENT COMPANY / OR BUSINESS OWNER PERSONAL INFORMATION	BANK INFORMATION	PERSONAL
	NAME OF BANK CHECKING ACCT <input type="checkbox"/> SAVINGS ACCT <input type="checkbox"/>	NAME
NAME	CREDIT REFERENCES	MAILING ADDRESS
ADDRESS		DELIVERY ADDRESS
CITY / STATE / ZIP	NAME PHONE	CITY / STATE / ZIP
PHONE	NAME PHONE	HOME PHONE ()
CONTACT	NAME PHONE	DATE OF BIRTH SOCIAL SECURITY #
SOCIAL SECURITY #	NAME PHONE	EMPLOYER PHONE ()
		SPOUSE'S NAME
		CELL PHONE

CUSTOMER AGREEMENT

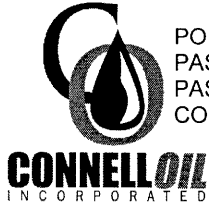
The undersigned hereby makes this application for credit and by doing so acknowledges and agrees that Creditor may utilize outside credit reporting services to obtain information on the undersigned. The signing of this agreement shall also constitute authorization to the Creditor to utilize consumer credit information to appropriately evaluate the extension of personal credit. Payment will be due in full within 10 days of the statement date. I agree to pay a finance charge of 1.5% per month (18% per year) on any delinquent balances, and any attorney, court fees and/or collection fees incurred in the collection of unpaid accounts.

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

SIGNED _____ TITLE _____ DATE _____
 (MUST BE SIGNED BY PRINCIPAL , OWNER OR AUTHORIZED REPRESENTATIVE LISTED ABOVE.)

PRINT NAME _____

BASEMENT TANK INDEMNITY ON REVERSE IF NECESSARY



PO BOX 3998
PASCO, Washington 99302
PASCO: 509-547-3326
CONNELL: 509-234-3311

INDEMNITY AND RELEASE AGREEMENT

Customer Name: _____

Delivery Location: _____

Account Number: _____

Connell Oil, Inc. is supplying heating oil to the above-mentioned customer and property owner. In consideration of the supplying of heating oil, the customer and/or property owner agrees to hold Connell Oil harmless and to indemnify Connell Oil in the event of any claim asserted against Connell Oil, or liability imposed against Connell Oil because of any spills or contamination caused by the heating oil. The duty to indemnify shall include a duty to reimburse Connell Oil for any clean up costs charged to Connell Oil by any governmental entity. The duty to indemnify shall also include a duty to pay the attorney's fees and costs of Connell Oil in defending any claim or defending any charge brought by the government.

The customer and property owner also releases Connell Oil from any liability and claims the customer and property owner may have now or in the future arising in any way out of the supplying of heating oil, except for claims based on gross negligence or intentional acts.

Dated this _____ day of _____, _____.

Property Owner's / Tenant's Signature