



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)

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
ADDRESS	CREDIT REFERENCES	MAILING ADDRESS
CITY / STATE / ZIP		DELIVERY ADDRESS
PHONE		CITY / STATE / ZIP
CONTACT		HOME PHONE ()
SOCIAL SECURITY # - -		DATE OF BIRTH SOCIAL SECURITY # - -
		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 _____

