



Phone (509) 547-3326
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 Email: credit@connelloil.com
 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	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 APPLICANT	This Business is a <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> 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) 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 _____

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? _____

OFFICE USE ONLY	
SCHED _____	V DISC _____
SALE CODE _____	BILL CODE _____

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**
(AVAILABLE AT RICHLAND LOCATION ONLY)

PLEASE LIST IN THE SPACE PROVIDED THE LABEL YOU WOULD LIKE ISSUED TO EACH CARD, PREFERRED PIN NUMBER, AND CHECK THE BOX FOR THE TYPE OF PRODUCT THAT YOU WOULD LIKE EACH CARD TO ACCESS.

CARD LABEL (WILL PRINT ON INVOICES FOR EASIER ID) (i.e. truck number, driver name)	Pin# Preferred Leave blank for computer pick	ALL	ALL	ON-ROAD	*OFF-ROAD	GAS ONLY
		PRODUCTS W/OUT OFF-ROAD	PRODUCTS *WITH OFF-ROAD	DIESEL ONLY	DIESEL ONLY	

***OFF ROAD DIESEL ONLY AVAILABLE AT SUNNYSIDE, DAVENPORT, RITZVILLE, LIND, WASHTUCNA, ELTOPIA AND OROVILLE**

**** Phoenix system cards are for bulk fueling cards only ~ Not PrideAdvantage, PrideAdvantage are noted above.**

Phoenix system requests: Number of cards requested _____ (PIN number will be assigned)