



Account Authorization

335 Mill Rd * PO Box 1308 * Lewiston, Id 83501
Telephone (208) 799-2000 * Toll Free (888) 799-2000
Fax (208) 799-2008 * Website www.colemanoil.com

Customer _____
Account # _____

Authorized Individuals

The individuals listed below have the authority to request and authorize any changes to the account listed above.
Any limitations that these individuals may have should be noted on this form.

Full Name _____	Nickname _____	Notes _____
Full Name _____	Nickname _____	Notes _____
Full Name _____	Nickname _____	Notes _____
Full Name _____	Nickname _____	Notes _____
Full Name _____	Nickname _____	Notes _____
Full Name _____	Nickname _____	Notes _____

Inquiry-Only Individuals

The individuals listed below have inquiry-only authorization, which is limited to allowing them to obtain information on the account listed above. They are not authorized to make any changes.

Full Name _____	Nickname _____	Notes _____
Full Name _____	Nickname _____	Notes _____
Full Name _____	Nickname _____	Notes _____
Full Name _____	Nickname _____	Notes _____
Full Name _____	Nickname _____	Notes _____
Full Name _____	Nickname _____	Notes _____

Special Notes:

By signing this form, I authorize Coleman oil Company to release information pertaining to my account listed above to the individuals I have included on this form. I understand that I am responsible for informing Coleman Oil Company of any changes to the authorizations by completing, signing and submitting a new Account Authorization form. I have listed the necessary limitations (if any) for each authorized individual.

Applicant (Authorized Signer)

Authorized Signature _____
Printed Name _____ Title _____ Date _____