



Commercial Credit Application

* 335 Mill Rd * PO Box 1308 * Lewiston, ID 83501 * *

Telephone (208) 799-2000 * Toll Free (888) 799-2000

*Website www.colemanoil.com *Fax 208-799-2008*

Sales Representative & Cell # _____ New Account _____ Existing Account _____ Date _____

Business Information (Please Print)

Legal Name of Business _____ Federal Tax ID # _____
DBA Name (if different from Legal Name of Business) _____
Physical Address _____ City _____ St _____ Zip _____
Billing Address _____ City _____ St _____ Zip _____
Phone # _____ Cell # _____ Fax # _____
Name of Parent Company _____
Address _____ City _____ State _____ Zip _____
Years In Business (date opened or purchased) _____ Business Type _____
Type of Entity: Sole Proprietorship ___ Partnership ___ Corporation ___ LLC ___ Non-profit ___ Government ___ Trust ___

Customer/Ownership Information (List Owner(s) Partner (s) Shareholders Names, Spouse's Information. Please attach additional sheet if necessary)

Name _____ SS # _____ DOB _____ Ownership _____ %
Residential Address _____ City _____ St _____ Zip _____
Employment _____ Monthly Income _____ Phone # _____
Name _____ SS # _____ DOB _____ Ownership _____ %
Residential Address _____ City _____ St _____ Zip _____
Employment _____ Monthly Income _____ Phone # _____

Accounts Payable Contact

Account Name _____ Phone # _____ Email _____
Method of Payment: (Check One) [] Easy Pay [] ACH [] Check [] Other
How would you like to receive your invoices(s)? (Check One, cannot have both) [] Mail [] Email
Email for AP Invoices _____ Email for Supervisor approval _____
AP Email (Additional) _____ Supervisor Email (Additional) _____

Product (s) Requested Transport Tank Wagon Lube CFN Please attach additional sheet if necessary

Fuel Type _____ Tankwagon Gallons _____ Truck/Trailer Gallons _____ Tank Size _____ Delivery Frequency _____ Will Call _____
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Fuel Type _____ Tankwagon Gallons _____ Truck/Trailer Gallons _____ Tank Size _____ Delivery Frequency _____ Will Call _____
Ship To Address _____
Ship To Address _____

Heating Fuel: Keep Fill ___ Keep Fill Budget ___ Will Call ___ #1 Stove Oil Above Ground (Toyo Stove) ___ #2 Furnace (Underground) ___ Tank Size _____

CFN / Fleetwide Please complete the attached form (only if you have email address)

[] \$0.05 a gallon discount EFT Daily. Invoices emailed daily.
[] \$0.04 a gallon discount EFT Weekly. Invoices emailed weekly.
[] \$0.03 a gallon discount EFT Twice a Month. Invoices emailed twice a month.
[] \$0.02 a gallon discount EFT Monthly. Invoices emailed monthly.

For Easy Pay for Transport, Tank Wagon, Lube, Heating Fuel & CFN

Easy Pay Authorization (Attached Void Check)
I(we) _____ hereby authorize Coleman Oil Company to initiate debit & credit entries to my (our) Customer Bank
account indicated below for goods & services provided by Coleman Oil Company. I (we) further certify the information set forth below is correct and that I (we) have
contacted and authorized the below named Bank to accept such debit & credit entries from Coleman Oil Company. This authority shall remain in full force and effect
until Coleman Oil Company has received written notice from me (or either of us) of its change or termination in such item and in such manner as to afford Coleman
Oil Company and the Bank a reasonable opportunity to act on it. I (we) understand that this Electronic Funds Transfer service is governed by the rules of The
Automated Clearing House and that Coleman Oil Company can terminate or modify it at any time.
Bank Address _____ City _____ St _____ Zip _____
Bank 9 Digit Routing Transit # _____ Bank Account # _____
** Authorized Signature** _____ Print Name/Title _____ Date _____



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Authorized Individuals	Account Authorization	Inquiry -Only Individuals
Full Name _____ Nickname _____	Full Name _____ Nickname _____	Full Name _____ Nickname _____
Full Name _____ Nickname _____	Full Name _____ Nickname _____	Full Name _____ Nickname _____
Full Name _____ Nickname _____	Full Name _____ Nickname _____	Full Name _____ Nickname _____
Full Name _____ Nickname _____	Full Name _____ Nickname _____	Full Name _____ Nickname _____
Full Name _____ Nickname _____	Full Name _____ Nickname _____	Full Name _____ Nickname _____
Full Name _____ Nickname _____	Full Name _____ Nickname _____	Full Name _____ Nickname _____

Personal Guarantee

In Consideration of Coleman Oil Company granting credit to "Customer" as listed in the Customer/Business Information section of this Commercial Credit Application, I personally and unconditionally guarantee to Coleman Oil Company, payment of each and every claim, demand, indebtedness, right or cause of action of every nature whatsoever against the Customer now or hereafter existing, due or to become due, held by Coleman Oil Company together with any and all expense including reasonable attorney's fees and costs of litigation, incurred by Coleman Oil Company, in enforcing this agreement, at the offices of Coleman Oil Company. It is understood that this guarantee shall be continuing and irrevocable guaranty and indemnity for all such indebtedness of the Customer. I understand that my signing below will authorize Coleman Oil Company, to obtain one or more credit bureau reports about me now and at anytime in the future. I further authorize any bank with whom I am doing or have done any type of business to give any and all necessary information to you which will assist you in your credit investigation and release any claim I may have for breach of contract or invasion of privacy because of information furnished to you.

****Signature**** _____ **Print name (no title)** _____ **Date** _____

Home Address _____ **Phone #** _____ **SS#** _____ **DOB** _____

****Signature**** _____ **Print name (no title)** _____ **Date** _____

Home Address _____ **Phone #** _____ **SS#** _____ **DOB** _____

Agreement

In Consideration of the opening of a Commercial Heating Fuel, Delivered Fuels, or Cardlock account, and the receipt of cardlock fuel cards, the undersigned, hereafter referred to as "Customer" agrees to the following terms in all credit transactions with Coleman Oil Company, an Idaho Corporation, hereafter referred to as "Coleman Oil" unless otherwise modified in writing by an authorized representative of Coleman Oil:

1. This agreement is a continuing agreement and shall remain in force until such time as all amounts due from Customer are paid in full and Coleman Oil receives written notice of termination from Customer. Coleman Oil reserves the right, at its sole discretion and without notice, to terminate this agreement, change credit limits or other credit terms at any time.
2. Customer, by signing this document, authorizes any of Customer's financial account holders and references to answer Coleman Oil's questions regarding Customer's credit history and any financial matters, and the release to Coleman Oil of any oral or written information related to Customer's accounts with Customer's references or financial account holders, and authorizes Coleman Oil to secure information regarding Customer's credit history from any commercial or consumer reporting agency or trade organization.
3. Customer agrees that all amounts payable, as shown on Coleman Oil's invoice, will be paid by the due date stated on the invoice, and if the amounts due are not paid on or before the due date, the account is delinquent. Customer agrees if an account is delinquent Coleman Oil may assess a late fee and a finance charge, on or after the day the account becomes delinquent.
4. Customer must maintain an account balance at or below the credit limit established by Coleman Oil for Customer's account(s).
5. For each returned (insufficient fund) check, or electronic funds transfer where there are insufficient funds, Customer agrees Coleman Oil shall collect the amount of the check or the amount due plus a reasonable handling charge as determined by Coleman Oil.
6. Customer will notify Coleman Oil of any lost Cardlock card immediately upon discovering a card has been lost or stolen. Notice may be given to Coleman Oil orally but must be confirmed by Customer in writing to Coleman Oil within 24 hours of the oral notification by registered or certified mail. Customer agrees to pay for all Commercial Fueling System charges prior to receipt of written notice.
7. In the event Coleman Oil retains an attorney and/or commences any legal proceeding or action to collect amounts due, Customer agrees to pay (in addition to all sums due Coleman Oil for merchandise supplied and service charges) all expenses incurred by Coleman Oil including attorney fees, collection fees, court costs, finance charges.
8. I/We understand that we must notify Coleman Oil Company in writing and by certified mail of any change in ownership, the name of the business or structure of the business under which credit is established.
9. This agreement is made under and shall be governed by, and construed and enforced in accordance with the substantive laws of the State of Idaho excluding its conflict of law provisions. Customer waives any objection to jurisdiction and venue in any action instituted against them and agrees not to assert any defense based on lack of jurisdiction or venue. By signing this agreement the customer submits to the exclusive personal jurisdiction of the courts of the State of Idaho for resolution of any claim arising out of or related to this agreement, and agrees not to contest venue in Nez Perce County, Idaho.
10. Customer warrants all information provided to be true and correct.

Customer/Business Name _____

****Authorized Signature**** _____ **Print Name/Title** _____ **Date** _____

****Authorized Signature**** _____ **Print Name/Title** _____ **Date** _____

FOR OFFICE USE ONLY

Credit Manager Signature	Date	Secondary Approval (If Required)	Date



CFN/Fleetwide Card/Driver Setup Form
Please fill in your requirements for each card/driver below



Customer Name _____

Account Number _____

Card Type/Description SINGLE CARD or VEHICLE CARD* (Descriptions will appear on Card) * See below for setting up Driver PIN#'s for use with Vehicle Cards	Single Card Only 5 Digit PIN# (Can't start with "0")	Vehicle # (For Vehicle Cards Only) (4 Digits)	Fuel Requirements (All Fuels, All Diesel, Clear Dsl Only, Dyed Diesel Only, Regular Unl Only, Other____) (Default is All Gas & Clear Diesel)	Daily/Weekly/Monthly Gallon Limit (Default is Daily, 300 gallon limit)	Daily Transaction Limits (Default is 3 per day & 150 gallons per fill)	Hours to Fuel (6am-6pm, 5am-8pm, 24 hrs, Other____)	Days of the week allowed to fuel (M-F, M-Sat, All, Other____)	States/Provinces Allowed for Fueling (Indicate which are allowed) (WA Only, ID Only, Other____) (Default is WA, OR, ID, & MT)	Emailed Transaction Confirmation (Yes or No) If yes then enter email(s) below.
(example) Single Card: John Doe	12345	N/A	All Fuels	Daily/225 gallons	3x75	24hrs	All	WA, OR, ID	No
(example) Vehicle Card: 18 Ford F150	N/A	0001	Regular Unl Only	Daily/60 gallons	30 gal-Setup Trans on Driver	Setup on Driver Below	Setup on Driver Below	Setup on Driver Below	Yes

Driver Name for Floating PIN#* *Only use w/ VEHICLE CARD above (Driver Name below will appear under Vehicle # on Cardlock Invoice)	Driver 5 Digit PIN# (Can't start with "0")	Daily Transaction Limits (Default is 3 per day)	States/Provinces Allowed for Fueling (Indicate which are allowed) (WA Only, ID Only, Other____) (Default is WA, OR, ID, & MT)	Days of the week allowed to fuel (M-F, M-Sat, All, Other____)	Hours to Fuel (6am-6pm, 5am-8pm, 24 hrs, Other____)	Emailed Transaction Confirmation (Yes or No) If yes then enter email(s) to the right.	If you selected <u>Yes</u> for Emailed Transaction Confirmation, Please Provide your email(s) below:
(example) Driver: Jane Doe	12345	2XDay	WA Only	M-F	6am-6pm	Yes	Email Address 1: _____ Email Address 2: _____

Get 24/7 Access to your fueling account to better manage your fuel consumption. Contact us today to find out how with Ecardlink Online Account Access! You can also sign up for CFN Card Watch to receive Electronic Notifications of your purchases, includes card number, site number and day/time and fuel limits for enhanced tracking.