



Commercial Credit Application and Agreement

Submit to your sales representative

Sales Rep _____

Cell _____

Email _____

Business Information

Legal Name _____

DBA Same Other _____

Tax ID _____ Year started/purchased _____

Entity Type Sole Proprietor Partnership LLC
 Corporation Govt Non-profit

State of Incorp/Formation _____ County: _____

Street Address _____

City _____ ST _____ Zip _____

Billing Address Same Other _____

City _____ ST _____ Zip _____

Parent Company Name _____

Address _____

City _____ ST _____ Zip _____

Ownership Information

Complete below for a privately held business

Full Name _____

SS# _____ % Ownership _____

Full Name _____

SS# _____ % Ownership _____

Full Name _____

SS# _____ % Ownership _____

Full Name _____

SS# _____ % Ownership _____

Accounts Payable Information

Email address for invoice delivery _____

Primary Contact Name _____	Email _____	Phone _____
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Secondary Contact Name _____	Email _____	Phone _____
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Purchase Order #s required on invoices? No Yes

Exempt sales tax, excise tax or other? No Yes (attach resale certificate(s))

Requested Payment Method: Easy Pay/EFT (complete/sign below) ACH Check

Easy Pay / EFT Authorization

I (we) 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 Bank named below 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 (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.

****Please Attach a Voided Check ****

Bank Name _____ Address _____

9 Digit Bank Routing # _____ Acct # _____

Authorized Signature _____	Date _____	Name _____	Title _____
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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 a 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 any time 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.

Guarantor 1

Signature	Date	Name
Home Address		Phone#
		SS#
		DOB

Guarantor 2

Signature	Date	Name
Home Address		Phone#
		SS#
		DOB

General Agreement

In Consideration of the opening of an account with Coleman Oil, the undersigned, hereafter referred to as "Customer," agrees to the following terms in all 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 funds) 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 the Customer in writing to Coleman Oil within 24 hours of the oral notification by registered or certified mail. The 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.

Business Name _____

Authorized Signature	Date	Name	Title
Authorized Signature	Date	Name	Title



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:	
							Email Address 1: _____	Email Address 2: _____
(example) Driver: Jane Doe	12345	2XDay	WA Only	M-F	6am-6pm	Yes		

**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.**