



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

Sales Representative \_\_\_\_\_ Date \_\_\_\_\_

Customer/Business Information (Please Print)			
Full Legal Name _____		DBA _____	
Physical Address _____	City _____	St _____	Zip _____
Billing Address _____	City _____	St _____	Zip _____
Phone # _____	Cell # _____	Fax # _____	
Accounts Payable Contact			
Name _____		Phone # _____	Email _____
Business Type _____		Contractor License# _____	Year Established _____
Taxpayer ID (EIN or SS #) _____		D&B# _____	
How would you like to receive your invoices(s)/statement(s)? (Check One)		<input type="checkbox"/> Mail	<input type="checkbox"/> Email
Email Address(s) 1) _____		2) _____	
Method of Payment: (Check One)		<input type="checkbox"/> Easy Pay	<input type="checkbox"/> ACH
		<input type="checkbox"/> Wire	<input type="checkbox"/> Other
Check One		<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership
		<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC
		<input type="checkbox"/> Non-profit	<input type="checkbox"/> Government
Owner/Partners/Spouse's Information			
Name _____		SS # _____	DOB _____
		Ownership _____	%
Address _____		City _____	St _____
		Zip _____	
Employment _____		Monthly Income _____	Phone # _____
Name _____		SS # _____	DOB _____
		Ownership _____	%
Address _____		City _____	St _____
		Zip _____	
Employment _____		Monthly Income _____	Phone # _____
How would you like to receive your invoices(s)/statement(s)? (Check One)		<input type="checkbox"/> Mail	<input type="checkbox"/> Email
Email Address(s) 1) _____		2) _____	
Method of Payment: (Check One)		<input type="checkbox"/> Easy Pay	<input type="checkbox"/> ACH
		<input type="checkbox"/> Wire	<input type="checkbox"/> Other
Bank Reference			
Name of Bank _____		City _____	St _____
		Zip _____	
Contact _____		Phone # _____	Account # _____

Fleetwide Credit Application Easy Pay (Electronic Funds Transfer) Discount Program	
YES! I would like to start saving money with the Easy Pay Program	
<input type="checkbox"/>	\$0.05 a gallon discount on Fleetwide purchases. EFT <b>Daily</b> . Statements and Invoices emailed <b>daily</b> .
<input type="checkbox"/>	\$0.04 a gallon discount on Fleetwide purchases. EFT <b>Weekly</b> . Statements and Invoices emailed <b>weekly</b> .
<input type="checkbox"/>	\$0.03 a gallon discount on Fleetwide purchases. EFT <b>Twice a Month</b> . Statements and Invoices emailed <b>twice a month</b> .
<input type="checkbox"/>	\$0.02 a gallon discount on Fleetwide purchases. EFT <b>Monthly</b> . Statements and Invoices emailed <b>monthly</b> .
Easy Pay Authorization (Electronic Funds Transfer) **Please Attach a Voided Check (Not a Deposit Slip)**	
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 Name _____	Bank Contact _____
Bank Address _____	Bank Phone _____
City _____	St _____
Zip _____	
Bank 9 Digit Routing Transit # _____	Bank Account # _____
**Authorized Signature** _____	Print Name/Title _____
	Date _____



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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 continuing and irrevocable guaranty and indemnity for all such indebtedness of the company Customer. I understand that my signing below will authorize Coleman Oil Company, to obtain one or more credit bureau report 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#
\*\*Signature\*\* Print name (no title) Date
Home Address Phone # SS#

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 funds) check, or electronic funds transfer where there are insufficient funds, the customer agrees that 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 represents, warrants and acknowledges that credit extended by Coleman Oil will be for business use only and not for personal, consumer or household use.
7. 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.
8. 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.
9. 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.
10. 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 or the State of Washington. 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 personal jurisdiction of the courts of the State of Idaho or the State of Washington for resolution of any claim, and agrees not to contest venue in Nez Perce County, Idaho or Asotin County, Washington.
11. 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



**Fleetwide Card Requirement Form**  
Required

Customer Name \_\_\_\_\_

Account Number \_\_\_\_\_

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*Please fill in your requirements per card*

Card Description Single Card = Name on Card Vehicle Card = Vehicle Description, See below* (Appears on Card)	Single Card Only 5 Digit I.D. # (cannot start with 0)	Optional Vehicle # (4 Digits)	Fuel Requirements (All fuels, All Diesel, On-Road Diesel Only, Off-Road Diesel Only, Regular Unleaded Only, On-Road Diesel & Regular Unleaded)	Optional: Daily/Weekly/Monthly Gallon Limit (Yes or No) If Yes, indicate type and gallon limit (Default is daily, 500 gallon limit)	Days of the week to fuel (M-F, M-Sat, All, Other___)	Hours to Fuel (6am-6pm, 5am-8pm, 24 hrs, Other_____)	Restrict States? (If yes indicate which States are allowed)	Daily Transactions limits Default 3 times per day & 150 gallons per fill	Emailed Transaction Confirmation Yes or No

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

Driver Name *Only for use with Vehicle Card System & Floating I.D. #	Driver 5 Digit I.D. # (cannot start with 0)	Driver Daily Transactions limits Default 3 times per day & 150 gallons per fill	Driver Name *Only for use with Vehicle Card System & Floating I.D. #	Driver 5 Digit I.D. # (cannot start with 0)	Driver Daily Transactions limits Default 3 times per day & 150 gallons per fill
1			7		
2			8		
3			9		
4			10		
5			11		
6			12		



# Account Authorization

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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 \_\_\_\_\_