



PASCO OFFICE:
 1015 N Oregon Ave
 PO Box 3998
 Pasco, WA 99302
 509.547.3326
 fax 509.547.1259

Please
 return
 to

CONNELL OFFICE:
 509.234.3311
 fax 509.234.2850
RITZVILLE OFFICE:
 509.659.1532
 fax 509.659.1223

SUNNYSIDE OFFICE:
 509.837.5274
 fax 509.839.3845
SPOKANE OFFICE:
 509.535.1534
 fax: 509.535.6677

YAKIMA OFFICE:
FREETH FUEL
 1025 N 6th Ave
 PO Box 70
 Yakima, WA 98907
 509.453.3920
 fax: 509.457.6838

Personal Credit Application Salesperson _____ Account # _____

Will purchases be for resale? Yes ___ No ___ (If yes, please include WA Reseller Permit or your state specific Exemption permit)

Would you like invoices/statements: Mailed ___ Faxed ___ or emailed ___ (show address below)

Name: _____ Spouse's Name _____

Mailing Address: _____ City _____ State _____ Zip Code _____

Physical Address: _____ City _____ State _____ Zip Code _____

Home Phone: _____ Mobile Phone: _____ Fax: _____

Date of Birth: _____ Social Security # _____ - _____ - _____

Email: _____ Credit Limit Request _____

Employment Information: Name, Address and Phone#

Applicant's _____ Spouse's _____

Bank Information:

Bank Name _____ Account # _____

Phone # _____ Fax # _____ Contact: _____

Trade Credit References:

Name _____ Phone _____ Fax _____

Name _____ Phone _____ Fax _____

Name _____ Phone _____ Fax _____

CUSTOMER AGREEMENT

The undersigned hereby makes this application for credit and by doing so acknowledges and agrees that Creditor may utilize outside credit reporting services to obtain information on the undersigned. The signing of this agreement shall also constitute authorization to the Creditor to utilize consumer credit information to appropriately evaluate the extension of personal credit. I personally guarantee all charges incurred on this account. Payment will be due in full within 15 days of the 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, and 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 County court systems. All information furnished will be held confidential
 * **There will be a \$35.00 fee for all returned checks.**

SIGNED _____ DATE _____

(MUST BE SIGNED BY PERSON LISTED ABOVE)

PRINT NAME _____

IF APPLICATION WILL INCLUDE HEATING OIL DELIVERIES, PLEASE COMPLETE THE FOLLOWING: (Check One on each line)

SERVICE REQUESTED: KEEP FULL WILL CALL

TANK TYPE: ABOVE GROUND UNDERGROUND BASEMENT (MUST COMPLETE BASEMENT TANK INDEMNITY)

PRODUCT USED: HEATING OIL #1 (STOVE OIL) HEATING OIL #2 DYED (FURNACE OIL)

TANK FILL LOCATION (GIVE GENERAL LOCATION FOR DRIVER TO LOCATE): _____

