



**APPLICATION FOR CREDIT**

**COMPLETE AND FAX BACK TO  
(541) 382-4905**

P.O. Box 7437  
Bend, OR 97708

**BUSINESSES:** *(Please print, complete both sides of form)*

Company Name \_\_\_\_\_ Federal EIN # (not SS#) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone# \_\_\_\_\_ Fax# \_\_\_\_\_ Cell# \_\_\_\_\_

*Principal owners or officers: All info required to open account and sign reverse side*

Last Name \_\_\_\_\_ Full First \_\_\_\_\_ Full Middle \_\_\_\_\_  
SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Last Name \_\_\_\_\_ Full First \_\_\_\_\_ Full Middle \_\_\_\_\_  
SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

**INDIVIDUALS:** *(Please print, complete all spaces below and sign reverse side)*

Last Name \_\_\_\_\_ Full First \_\_\_\_\_ Full Middle \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone# \_\_\_\_\_ Fax# \_\_\_\_\_ Cell# \_\_\_\_\_  
SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Employer's Name \_\_\_\_\_ Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Spouse's Full Name (if joint personal account) \_\_\_\_\_ SS # \_\_\_\_\_ DOB \_\_\_\_\_  
Spouse's Employer's Name \_\_\_\_\_ Address \_\_\_\_\_ Work Phone \_\_\_\_\_

**CREDIT REFERENCES:** *(Use established credit only, not personal references. Please use local business credit if possible.)*

Business Name \_\_\_\_\_ Phone \_\_\_\_\_ Account Number \_\_\_\_\_  
Business Name \_\_\_\_\_ Phone \_\_\_\_\_ Account Number \_\_\_\_\_  
Business Name \_\_\_\_\_ Phone \_\_\_\_\_ Account Number \_\_\_\_\_

**CUSTOMER AGREEMENT**

In submitting this application I authorize Bend Oil Company to investigate my credit record and if an account is established, furnish information concerning my credit file to consumer reporting agencies and other proper recipients.

Bend Oil Company reserves the right to deny credit for the following reasons; Bankruptcy, past or present liens, suits or judgments, accounts listed for collection (paid or unpaid), two or more slow accounts, or a rating of nine, indicating repossession or a write off. Other factors may include a record of slow payment with an affiliated oil company or insufficient credit information on which to make a judgment.

**I agree to pay the full balance of this account by the 10th of each month.** Bend Oil Company reserves the right to discontinue credit privileges, and/or Pacific Pride card use, to any past due account without prior notice.

If this account is placed in the hands of an attorney for collection or turned over to any agency for collection, the undersigned agrees to pay reasonable attorney's fees even if no suit or action is filed thereon. If a suit or action is filed, the amount of attorney's fees shall be fixed by the Court, or Courts in which the suit or actions, including any appeal therein is tried, heard and decided. **Should my account or any part thereof, be placed with a collection agency for recovery, I understand and agree that the amount owed will be increased by a factor of .667 to cover collection costs.** In the event security is granted for any transaction, Seller may exercise all the rights granted to secured party under the security transaction provision of the Uniform Commercial Code. I authorize the Seller to apply any payment to my account in the following order: (1) Finance charges (2) The purchases in date order, starting with the oldest purchase. Finance charges accrue at 1½ % per month. This application for credit has been made in Deschutes County, Oregon, and as part of the consideration for granting credit the applicant consents to jurisdiction of courts located in Deschutes County, Oregon, for collection of accounts arising subsequent to this credit application.

Accepted and Agreed to by :(Full Name) \_\_\_\_\_ Date \_\_\_\_\_

Please print name: \_\_\_\_\_ State & Drivers Lic.# \_\_\_\_\_

**This section applies to all business applications and must be signed, in addition to the above agreement, by the corporate officers.**

I/We, the undersigned ("Guarantor") hereby personally, unconditionally and irrevocably guarantees the payment of the obligations of the corporation, limited partnership, limited liability company, limited liability partnership, or other person or business entity ("Customer") of each and every obligation of this Customer Agreement. This guarantee shall be continuing and shall terminate only upon the satisfaction of each and every one of the obligations under this Customer Agreement. Guarantor agrees the Landlord may from time to time extend the time for performance or otherwise modify, alter, or change the Customer Agreement and any or all provisions thereof, may extend the time for payment of all sums hereby guaranteed, and may receive and accept notes, checks, and other instruments for payment of money made by Customer and extensions or renewals thereof, without in any way releasing or discharging Guarantor from Guarantor's obligations hereunder. Bend Oil Company may enforce this guarantee without first exhausting remedies against Customer nor has Bend Oil Company any obligation to marshal funds or assets of Customer. This guarantee shall not be released, extinguished, modified, or in any way affected by failure on the part of Supervised Fuels, Inc or assigns to enforce all rights or remedies available to it under the Customer Agreement. In the event suit or action is brought by any party under this Guarantee to enforce any of its terms, it is agreed that the prevailing party shall be entitled to a reasonable attorney fee to be paid by losing party and be fixed by the trial and appellate courts.

Print full name and social security # \_\_\_\_\_

Print full name and social security # \_\_\_\_\_

Signature \_\_\_\_\_ DL # \_\_\_\_\_

Signature \_\_\_\_\_ DL # \_\_\_\_\_

**Pacific Pride Applicants**

Type of Business: \_\_\_\_\_ Has **this** business name used Pac Pride cards in the last nine months? \_\_\_\_\_

If yes, does the business use another card other than Pacific Pride in addition to, or in replacement of? \_\_\_\_\_

# of cards needed: Gas & On-Road Diesel \_\_\_\_\_ Gas only \_\_\_\_\_ On-Road Diesel Only \_\_\_\_\_ Off-Road Diesel \_\_\_\_\_

Vehicles with PUC plates? \_\_\_\_\_ State & Driver's License. # \_\_\_\_\_ (For Each Owner)

**\*\*\*Attach list with a name for each card requested\*\*\*\*\***

**All independent trucking companies must supply a security deposit, call for details  
A \$25.00 fee will be charged for cards that are not picked up and used within the first 30 days**

# BEND OIL COMPANY

## CARDLOCK CERTIFICATION and FIRE SAFETY TRAINING TEST

ACCOUNT NAME \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

I hereby certify that the above person or entity meets the following criteria: (Read carefully and check one)

- \_\_\_ 1. Purchasing diesel only.
- \_\_\_ 2. A business, non-profit organization, charitable organization or governmental agency which was using a cardlock system continuously since 6/30/91. (Must supply documentation dated prior to 6/30/91)
- \_\_\_ 3. A business, non-profit organization, charitable organization or governmental agency which became a cardlock user after 6/30/91 **and** agree to purchase 900 gallons or more of fuel (gasoline and diesel combined - Class 1 Flammable liquid) from any source during each 12 month period **and** agree to supply proof of gallonage use upon request of Bend Oil Company or the State Fire Marshal.
- \_\_\_ 4. A farmer or other entity for which the fuel purchased through the cardlock system qualifies as a deductible farm expense for federal income tax purposes. (Must supply a current Schedule "F", see below)
- \_\_\_ 5. A governmental agency providing fire, ambulance or police services.

I further agree to dispense Class 1 flammable liquids into container or the tank of a motor vehicle that is owned or used **solely** by the business identified above. I also agree that **no personal use** is allowed at any time and I understand that I am subject to a citation by the state fire marshal for violating this agreement.

**\*\*\*** I have included one of the following documents (unless diesel only box is marked above):

Federal EIN # \_\_\_\_\_ **\*\* Your SS# does not apply here, must provide one of the below**

Copy of current Contractors License

Copy of income tax "Schedule C- Profit & Loss from a Business"  **\*\* Entire front page**

Copy of income tax "Schedule F- Profit & Loss from Farming"  **\*\*Line 21 must have a number on it**

Copy of P.U.C. permit

**Do you have vehicles with PUC plates? \_\_\_\_\_ If so, in order to purchase Oregon state tax exempt diesel you must provide a copy of your PUC permit and a tax exemption certificate. (Ask us for this form)**

I agree that all Ex-Tax cards issued to my account now, or in the future, will be used solely to purchase fuel for vehicles with a red PUC plate or I will be subject to penalty under Oregon state law. I further certify that I have satisfied the safety training requirements in compliance with the rules of the state fire marshal and that all of the above information is true and correct.

**COMPLETE TEST ON BACK**

OWNERS SIGNATURE

DATE

DRIVERS LIC #

PRINT NAME

SS #

BIRTH DATE

**913 N.E. 1st Street • P.O. Box 7437 • Bend Oregon 97708  
541-382-4751 Phone • 541-382-4905 Fax**

**BEND OIL COMPANY**  
**FIRE SAFETY TRAINING TEST**  
**SUPPLEMENT TO CERTIFICATION**

This test is to be self-administered. In order for you to have access to unattended automated fueling sites in the state of Oregon, you must *successfully* complete this test for fire safety instruction. Please read the material provided to you and then answer the questions below.

1. Smoking is not permitted at any fueling facility. T \_\_\_ F \_\_\_
  2. I must stop my engine when fueling. T \_\_\_ F \_\_\_
  3. The following safety equipment is found at all Pacific Pride sites. (Mark each that is true.)  
\_\_\_ Fire Extinguishers  
\_\_\_ Emergency Stop Buttons (For stopping equipment from dispensing fuel)  
\_\_\_ Emergency Shut-Off Switch (Located within 75 ft. of the island)  
\_\_\_ Telephone or Alarm System
  4. If a fire should occur at the site, I should dial \_\_\_\_\_ or the emergency number for assistance.
  5. If a fuel spill occurs at the site, I should dial the \_\_\_\_\_ number posted at the site.
  6. Gasoline is a hazardous material. T \_\_\_ F \_\_\_
  7. Drinking gasoline is no more harmful than drinking water. T \_\_\_ F \_\_\_
  8. In case of contact with skin, I should thoroughly wash with \_\_\_\_\_ and \_\_\_\_\_ .
  9. If gasoline is swallowed, I should:  
\_\_\_ Induce vomiting.  
\_\_\_ Not induce vomiting.
  10. Gasoline cannot safely be put into a milk carton. T \_\_\_ F \_\_\_
  11. Portable containers of less than 12 gallons must be placed on the ground before filling T \_\_\_ F \_\_\_
- 

I certify that I have received and read the fire safety training material provided to me by Bend Oil Co. **I agree to distribute the safety brochure to all employees under my supervision and certify that they have been trained in the safe operation of gasoline dispensing equipment at unattended automated fueling sites.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_