



5250 E US HWY 36, BUILDING 1000, AVON, IN 46123  
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# CREDIT APPLICATION ACCOUNT SET UP FORM

**INDIVIDUALS:** FILL OUT STEPS 1-3 & 8. **BUSINESSES:** FILL OUT STEPS 1 & 4-8. PLEASE COMPLETE AS FULLY AS POSSIBLE TO AVOID DELAY. **SIGNATURE ON BACK REQUIRED.** WE VALUE YOUR BUSINESS AND LOOK FORWARD TO SERVING YOU. ALL INFORMATION WILL BE KEPT IN CONFIDENCE.

OFFICE USE ONLY
_____
CO-ALLIANCE DEPT #
_____
CO-ALLIANCE ACCT #
_____
YOUR REP'S NAME:
_____

## 1. START HERE. HOW CAN WE SERVE YOU?

REVIEW THESE POINTS AND THEN SCROLL DOWN TO THE EASY 8-STEP APPLICATION. PLEASE COMPLETE AS FULLY AS POSSIBLE TO AVOID DELAYS.

\*IF REQUESTING FUEL SERVICE, PLEASE COMPLETE STEP 3.

FARM SUPPLY	HOME PROPANE (LP)*	KEEP FULL	CHECK IF TANK IS ALREADY SET	LIQUID FUELS*
FEED	HOME HEATING OIL*	WILL CALL	CHECK IF IT IS A CO-OP TANK	FUEL PUMP CARD(S): HOW MANY? <input type="checkbox"/>
CHECK IF YOU NEED A TANK. <b>ALL TANK SETS REQUIRE AN APPROVED CREDIT ACCOUNT.</b>				

WHERE DID YOU HEAR ABOUT CO-ALLIANCE?

FRIEND/NEIGHBOR   SALESPERSON   WEBSITE   RADIO/TV   FLYER/MAILER   SOCIAL MEDIA   OTHER

## 2. INDIVIDUALS & DBAs COMPLETE THIS SECTION. THIS DATA ALLOWS US TO BEGIN YOUR CO-ALLIANCE ACCOUNT.

APPLICANT 1 (LAST, FIRST MIDDLE) OR DBA IF APPLICABLE	SOCIAL SECURITY NUMBER	DATE OF BIRTH
<input type="text"/>	<input type="text"/>	<input type="text"/>

PRESENT ADDRESS	CITY/STATE/ZIP
<input type="text"/>	<input type="text"/>

TELEPHONE	CELL PHONE	EMAIL	YEARLY HOUSEHOLD INCOME
<input type="text"/>	<input type="text"/>	<input type="text"/>	20-30K      50-75K

HOME INFORMATION	LANDLORD NAME	LANDLORD PHONE	30-40K      75+K
OWN      RENT	<input type="text"/>	<input type="text"/>	

EMPLOYER	LENGTH OF SERVICE	CITY/ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>

APPLICANT 2 (LAST, FIRST, MIDDLE) OR DBA IF APPLICABLE	SOCIAL SECURITY NUMBER	DATE OF BIRTH
<input type="text"/>	<input type="text"/>	<input type="text"/>

PRESENT ADDRESS	CITY/STATE/ZIP
<input type="text"/>	<input type="text"/>

EMPLOYER	LENGTH OF SERVICE	CITY/ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>

NAME OF YOUR BANKING INSTITUTION	CITY/STATE/ZIP
<input type="text"/>	<input type="text"/>

NAMES ON ACCOUNT AND ACCOUNT NUMBERS

EMERGENCY CONTACT NAME*	EMERGENCY CONTACT PHONE NUMBER*
<input type="text"/>	<input type="text"/>

## 3. ARE YOU REQUESTING FUEL SERVICE? WE NEED YOUR HELP TO FIND YOU.

DESCRIPTION AND DELIVERY ADDRESS WHERE THE FUEL TANK IS OR WILL BE LOCATED IF DIFFERENT THAN APPLICANT BILLING ADDRESS

SPECIAL INSTRUCTIONS FOR OUR REPRESENTATIVE TO KNOW

**SIGNATURE ON BACK REQUIRED. →**

**4. DO YOU SEEK AN ACCOUNT AS A BUSINESS, CORPORATION, PARTNERSHIP, LLC, OR LLP? COMPLETE THIS SECTION.**

**PLEASE NOTE: FINANCIALS REQUIRED FOR CORPORATE ACCOUNTS**

CORPORATION NAME		PARENT COMPANY?	PLEASE PROVIDE PHONE AND FAX NUMBER	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
LIST PRINCIPLE OWNERS/PARTNERS BY NAME		TITLE		
<input type="text"/>		<input type="text"/>		
LIST PRINCIPLE OWNERS/PARTNERS BY NAME		TITLE		
<input type="text"/>		<input type="text"/>		
CORPORATION ADDRESS		CORPORATION CITY/STATE/ZIP		
<input type="text"/>		<input type="text"/>		
NAME OF BUSINESSES' BANKING INSTITUTION	ADDRESS		PHONE	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
NAME ON ACCOUNT AND ACCOUNT NUMBERS	YEARS IN OPERATION	TAX EXEMPT NUMBER	WILL YOU CLAIM ANY TAX EXEMPTION?	
<input type="text"/>	<input type="text"/>	<input type="text"/>	YES: # <input type="text"/> NO	
IF LESS THAN 3 YEARS AT THIS ADDRESS, PREVIOUS ADDRESS		CITY/STATE/ZIP		
<input type="text"/>		<input type="text"/>		
NAME OF PERSONAL GUARANTOR*	SOCIAL SECURITY NUMBER OF GUARANTOR		<b>Please submit a copy of your most recent financials in the name of this corporation.</b> FINANCIALS ENCLOSED	
<input type="text"/>	<input type="text"/>			

\*If a Business Entity requesting credit has less than \$25 million in gross sales in the prior year, a personal guarantor will be required. Please indicate the name of the personal guarantor and have this personal guarantor complete the- box in section 4 AND sign individually below in section 8.

**5. BUSINESS ENTITY, CORPORATION, LLC, OR PARTNERSHIP, PLEASE COMPLETE THIS SECTION.**

WHO IS AUTHORIZED TO USE/ORDER FOR THIS ACCOUNT?	AMOUNT OF CREDIT REQUESTED?	PHONE
<input type="text"/>	<input type="text"/>	<input type="text"/>
WILL A PURCHASE ORDER BE REQUIRED? YES NO	NAME OF ACCOUNTS PAYABLE MANAGER	EMAIL
<input type="text"/>	<input type="text"/>	<input type="text"/>
PLEASE SUBMIT A COPY OF YOUR ARTICLES OF INCORPORATION WITH THE FORM. ENCLOSED		
DOES ANY PRINCIPLE OWNER OF THIS COMPANY HAVE AN OWNERSHIP INTEREST IN ANY ENTITY THAT HAS A CREDIT ACCOUNT WITH CO-ALLIANCE?		
YES NO IF YES, UNDER WHAT BUSINESS NAMES AND ACCOUNT NUMBERS? <input type="text"/>		

**6. PLEASE PROVIDE THREE CREDIT REFERENCES OR SUPPLY A CREDIT REFERENCE SHEET AND FINANCIALS.**

**PLEASE NOTE: CREDIT CARDS AND BANKS ARE NOT CREDIT REFERENCES**

NAME OF CREDITOR	TYPE OF ACCOUNT	LINE OF CREDIT/LIMIT	CURRENT BALANCE	PLEASE PROVIDE PHONE AND FAX NUMBER
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

**7. PLEASE READ LEGAL TERMS BELOW. TERMS APPLY TO ALL ACCOUNTS. PLEASE SIGN AS APPROPRIATE.**

Everything I have stated in this application or information that I have submitted with this application is accurate and true. If Co-Alliance, LLP receives an insufficient funds check from the account holder, and/or as a condition of establishing credit, the following applies. I/We agree to pay the balance due and in addition all applicable FINANCE CHARGES which I/we hereby agree to pay in accordance to all terms and conditions in which I/we are notified from time to time, including but not limited to periodic statements sent to me setting forth the outstanding obligations I/we have to you. In the event judicial proceedings are commenced to collect sums owed on their account, all parties agree that such proceedings shall be venued in Hendricks County, Indiana, and all parties hereby consent to jurisdiction of the Courts of Hendricks County, Indiana. I/We hereby agree to pay all attorney fees and court costs if this account is referred to attorneys for collection, without relief from valuation and appraisal laws. In accordance with Article 9 Section 402 of the UCC Code, the buyer further grants to seller a security interest in buyer's equipment, contract rights, inventories, receivables and proceeds of sales as collateral to secure the buyer's performance of all obligations. I/we hereby acknowledge Co-Alliance may run a lien search for the entity or individual applying for credit. The applicant further authorizes Co-Alliance to file a financing statement without applicant's signature. A 1.75% finance charge will be added monthly to all past due balances. This is an annual rate of 21%. By signing, I authorize Co-Alliance to investigate my credit record and report to proper persons and bureaus my performance of this agreement and to answer any questions about their credit experience with me. I authorize Co-Alliance to release this application to my bank in order to obtain a bank reference. **See future billing statements for important data.**

**8. LAST STEP! SIGN HERE**

**Application will not be processed without signature and legibly printed name. Incomplete applications will be returned. Signature indicates you have read and agree to all terms and conditions.**

<b>For individuals or DBA applicants:</b>	<b>For business entity, corporation, LLC, or partnership:</b>
Applicant Signature _____ Date _____	Authorized Signature _____ Date _____
Printed Name _____	Printed Name _____
Co-Applicant Signature _____ Date _____	Title _____ Date _____
Printed Name _____	

**Thank you! Return this printed form to your branch or the address/fax number provided on the front page. If you completed the form electronically, print, sign, and return. For your protection, the electronic version cannot be filed via e-mail. It must be signed by hand and returned to Co-Alliance.**