



940 E. Wine Country Road, Suite A * Grandview, WA 98930
Phone 509-882-2248 * Fax 509-882-4208

APPLICATION FOR 30 DAY ACCOUNT

Type of Account with Bleyhl - [] Business - Federal I.D.# _____ - _____ - _____

Tipo de cuenta [] Personal - Social Security # _____ - _____ - _____

Self Employed? ___ Yes ___ No

Trabaja por cuenta propia?

of Acres Farmed? _____

#de acres que cultiva?

Farming? ___ Yes ___ No

Es Ranchero?

What are you Farming? _____

Que cultiva?

What products are you interested in purchasing from Bleyhl? _____

Que productos le interesa comprar de Bleyhl?

Nombre

Name(s) (account name maintained in) _____ Date of Birth _____

Fecha de nacimiento

Si es un negocio, nombre del dueño

If this is a business, owner's name _____ SS# _____ - _____ - _____

Domicilio

Cuidad

Estado

Codico postal

Billing Address _____ City _____ State _____ Zip _____

Numero de telefono

Fax

Cellular

Business/Home Phone () _____ Fax () _____ Cell () _____

Nombres de empliados autorizados por Ud.

Name of employees authorized to charge: _____

*Si esta aplicando por una cuenta personal, y quiere que haiga un co-aplicante llene lo siginte:

*If you are applying for a Personal Account with Bleyhl and there will be a co-applicant/spouse please complete:

*Co Applicant/Spouse Name _____ Date of Birth _____

*Co Applicant/Spouse Social Security # _____ - _____ - _____

Domicilio Electronico

Email Address _____

Le gustaria recibier su bill por corejo electronico?

Would you like your invoices & statements emailed? [] Yes [] No

Domicilio de entrga

Cuidad

En que valle

Codico postal

Delivery Address _____ City _____ County _____ Zip _____

Tipo de negocio: Propetario

Assosacion

Corporation

LLC

Cuenta personal

Type of business: Proprietorship ___ Partnership ___ Corporation ___ LLC ___ Personal Account ___

Nombre de Empleo

Domicilio

Name of your Employer _____ Address _____

Telephono

Que puesto tiene

Ganancias del mes

Otros ingresos

Employer Phone () _____ Position Held _____ Net Month Income \$ _____ Other Income \$ _____

*Familiar sercano que no viva con Ud.

*Nearest relative not living with you _____

Telephono

Phone: () _____

**IFORMATION BANCAL
BANK INFORMATION**

Nombre del Banco

Local

Name of Bank _____

Branch _____

Tipo de cuenta:

Telephono

Nombre del representante

Checking **Savings** **Bank Phone #** () _____

Bank Representative Name _____

REFERENCIAS DE CREDITO

CREDIT REFERENCES

Nombre

Numero de cuenta

Name _____

Account No. _____

Domicilio

Telephono

Fax

Address _____

Phone () _____

Fax () _____

Nombre

Numero de cuenta

Name _____

Account No. _____

Domicilio

Telephono

Fax

Address _____

Phone () _____

Fax () _____

PLEASE READ AND SIGN

I/we authorize you to obtain such information as you may require concerning the statements made in this application, and agree that the application shall remain your property whether it is approved or not.

I/we consent to information concerning this application or this account being given to credit reporting agencies, or other creditors.

I/we also agree to provide a current, verifiable financial statement (balance sheet) if requested.

I/we agree to execute a personal guarantee if requested.

I/we understand this is a **30 DAY ACCOUNT**.

I/we agree to pay a finance charge computed by a periodic rate of 1.5% per month, with a minimum of 50¢ on all balances of \$33.33 or less, on all balances 30 days old, or older. This is an annual percentage rate of 18%. The closing date of each statement (known as the billing cycle) will be shown on each statement. To avoid a finance charge, the amount due must be paid before the same statement date the next month; if a balance is not paid by the second statement, the account may be sold on a C.O.D. basis only, unless special arrangements have been approved by the credit manager. I/we also agree that if such account becomes delinquent and placed in the hands of an attorney or collection agency, I/we agree to pay reasonable amounts incurred therein, whether or not suit is commenced. Bleyhl Farm Service, Inc., may at its option bring suit in the county of its choosing.

<u>X</u>	<u>X</u>	_____
Applicant's Signature	Co-applicant/Spouse Signature	Date

GUARANTEE

In consideration of Bleyhl Farm Service, Inc., making any sale or sales on credit to _____ hereinafter referred to as "Buyer", any subsidiaries of Buyer, or any corporation related to Buyer through common ownership, the undersigned Guarantors hereby each individually guarantee, unconditionally, the payment of any and all sums hereafter owing by Buyer to Bleyhl Farm Service, Inc., by reason of such sales, as well as service charges, interest due, or any other sums due Bleyhl Farm Service, Inc., by Buyer, waive notice of default and all defenses of sureties other than substantive defenses available to Buyer, and agree that any bankruptcy, receivership or other insolvency proceeding of Buyer shall not affect Guarantor's obligations hereunder, and further or all obligations incurred by Buyer prior to Bleyhl Farm Service, Inc., receiving written notice of termination of this Guarantee. If this Guarantee is placed in the hands of an attorney for collection, the Guarantors promise and agree to pay the reasonable attorney's fees and collection costs of Bleyhl Farm Service, Inc., and if suit or action is filed hereon, also promise to pay Bleyhl Farm Service, Inc., reasonable attorney's fees to be fixed by the court.

_____ Date _____

_____ Date _____

GAS CARD AGREEMENT

This agreement is made between BLEYHL FARM SERVICE, INC., hereafter referred to as

“Cooperative” and _____ hereafter referred to as “Customer.”

1. Cardrol Petroleum facilities are located at: 1720 Eastway Drive, Sunnyside; 303 E Lincoln Street, Sunnyside; 940 E Wine Country Road, Grandview; and 1000 Bennett Ave., Prosser.
2. Customer agrees to pay for all fuel taken from Bleyhl stations through the use of this card.
3. Customer agrees not to leave the dispensing equipment unattended at any time while it is being operated and to accept the responsibility of controlling sources of ignition. Engine must be turn off. There is no smoking or open flame allowed within 50 feet of dispensing equipment. Customer agrees to be responsible for any damage done to Bleyhl property through neglect or abuse. Customer further agrees not to dispense Class I liquids into containers not in compliance with the State Fire Code.
4. Customer agrees to comply with the credit policy of the Cooperative as follows: This is a 30 day account. An account will be considered past due if not paid by the last day of the month following issuance of the statement. A FINANCE CHARGE computed by a PERIODIC RATE of 1.5% per month with a minimum of 50¢ on all balances of \$33.33 or less will be assessed on all balances of 30 days or older. This is an ANNUAL PERCENTAGE RATE OF 18%. The closing date of each statement (known as the billing cycle) will be shown on each statement. To avoid a finance charge, the amount due shown in the lower right hand corner of each statement must be paid before the same statement date next month. If a balance is not paid by the second statement, the account shall be sold on a C.O.D. basis only unless special arrangements have been approved by the Credit Manager. Customer agrees to pay reasonable attorney fees and other costs incurred by Bleyhl Farm Service, Inc., in making any collection of this account; and in the event of suit, Bleyhl Farm Service, Inc., may at its option, bring such suit in Yakima County, Washington.
5. Customer understands and agrees that any violation of the terms of this agreement shall constitute authority for the Cooperative immediately, and without notice, terminate this agreement at any time by the return of the card to the Cooperative with payment in full for petroleum purchased.
6. Customer understands that the price paid for fuels dispensed may vary and may be changed without notice. Customer also understands product shortages may occur and Cooperative reserves the right to implement allocations as necessary or dictated by law. Customer agrees to abide by all gallon limits established by the Cooperative.

Applicants Name _____ Date _____

Federal I.D. # _____ (or) Social Security # _____

Telephone # _____

Signature of Applicant _____ Account # _____

Mailing Address _____

Number of Cards Requested: _____ Bleyhl Approval _____