



Customer Application

Please use the following checklist to ensure your application is complete and can be processed as efficiently and quickly as possible.

Page One – Credit Application

- Complete Appropriate Business Type Sections
- Complete Address and Phone Numbers
- Federal Tax ID or Social Security Number
- Email Address

Page Two – References

- Complete Banking References with Contact and fax number
- Trade References. Contact and fax number
- Financials
 - Most Recent Year End and Previous Year End Balance Sheet
 - Most Recent Year End and Previous Year End Income Statements
- Tax Section Completed

Page Three – Corporate Trading Partner Electronic Funds Transfer Agreement

- Accounts Payable Contact Information Complete, Including Phone, Fax, and Email
- Bank Information Complete, Including Contact, Phone and Fax
- Dated and Signed by Officer or Owner

Page Four – Personal Guarantee

- Date
- Signature, SS #, Home Address for All Guarantors
- Notary Seal and Signature

To expedite the application process, completed applications can be faxed to 319-827-3154, Attention Rod Nabholz.

We do require that the original documents be on file, Please forward them to:

Rod Nabholz
Consolidated Energy Company LLC
PO Box 317 / 910 Main Street
Jesup, IA 50648
319-827-1211

Thank you for your interest in Consolidated Energy!

CREDIT APPLICATION

FOR THE PURPOSE OF OBTAINING CREDIT, THIS INFORMATION IS SUBMITTED AS OF (DATE) _____

ALL DECISIONS WITH RESPECT TO THE EXTENSION OR CONTINUATION OF CREDIT
 SHALL BE AT THE SOLE DISCRETION OF CONSOLIDATED ENERGY CO, LLC.

TYPE OF BUSINESS:

- CORPORATION (COMPLETE PAGE 1, SECTIONS 1 AND 2 AND PAGES 2 & 3)
- PARTNERSHIP (COMPLETE PAGE 1, SECTIONS 1 AND 3 AND PAGES 2, 3, & 4)
- PROPRIETORSHIP (COMPLETE PAGE 1, SECTION 1, AND PAGES 2, 3, & 4)
- GOVERNMENT (COMPLETE PAGE 1, SECTION 1)
- COOPERATIVE (COMPLETE PAGE 1, SECTION 1 & 4, AND PAGES 2 & 3)
- AGRICULTURAL PROCEDURES (COMPLETE PAGE 1, SECTION 1, AND PAGES 2, 3, & 4)

SECTION 1

BUSINESS NAME: _____

DOING BUSINESS AS: _____

STREET OR PO BOX NO. _____

(BUSINESS): _____

CITY / STATE / ZIP: _____

TELEPHONE NO: _____

FAX NO: _____

BILLING ADDRESS:
 STREET OR PO BOX: _____

CITY / STATE / ZIP: _____

LINE OF CREDIT REQUESTED: _____

ESTIMATED MONTHLY PURCHASES:
 GASOLINE: _____

MIDDLE DISTILLATES: _____

AVIATION: _____

HAVE YOU EVER FILED BANKRUPTCY?
 NO YES CASE NO: _____

IF YES, ADVISE: _____
 DATE COUNTY STATE

TAX EXEMPT: YES NO
 IF YES, **ATTACH CERTIFICATE(S)**

FEDERAL TAX I.D. NUMBER / SS#: _____

DATE BUSINESS BEGAN, OR IF CURRENTLY A PARTNERSHIP OR
 CORPORATION, DATE FORMED OR INCORPORATED

DATE: _____

EMAIL ADDRESS: _____

SECTION 2

CORPORATION

CHARTERED IN STATE OF: _____

NAME & TITLE OF EACH PRINCIPLE:

PARENT FIRM (IF APPLICABLE)

SECTION 3

PARTNERSHIP

LEGAL NAME OF PARTNERSHIP: _____

TYPE OF PARTNERSHIP:
 GENERAL LIMITED

LIST NAME, RESIDENCE, AND SOCIAL SECURITY NUMBER OF
 EACH PARTNER BELOW

NAME: _____

ADDRESS: _____

CITY / STATE / ZIP: _____

SOCIAL SECURITY NO: _____

NAME: _____

ADDRESS: _____

CITY / STATE / ZIP: _____

SOCIAL SECURITY NO: _____

Please Quote Pricing for: Daily Rack via Fax (_____) - _____ - _____ via Email: _____

via DTN: _____

Contracts via Email _____

SECTION 4

COOPERATIVE BOARD MEMBER: CHAIRMAN: _____
 MANAGER: VICE CHAIRMAN: _____
 PETROLEUM MANAGER: SECRETARY: _____
 TREASURER: _____

CONSOLIDATED ENERGY CO, LLC
PO BOX 317
JESUP, IOWA
PHONE: 800-338-3021 FAX: 319-827-3154

BANKING REFERENCES (ATTACH ADDITIONAL SHEET, IF NECESSARY)

BANK NAME: _____
STREET / BOX NO: _____
CITY / STATE / ZIP: _____
BANK CONTACT: _____
NAME OF LOAN OFFICER & TITLE
PHONE #: _____
FAX # * IMPORTANT!***** _____

BANK NAME: _____
STREET / BOX NO: _____
CITY / STATE / ZIP: _____
BANK CONTACT: _____
NAME OF LOAN OFFICE & TITLE
PHONE #: _____
FAX # * IMPORTANT!***** _____

**TRADE REFERENCES, INCLUDING PETROLEUM SUPPLIER(S)
(ATTACH ADDITIONAL SHEET, IF NECESSARY)**

NAME: _____
FAX # * IMPORTANT!***** _____
STREET / BOX NO: _____
CITY / STATE / ZIP: _____
CONTACT: _____
PHONE #: _____
NAME: _____
FAX # * IMPORTANT!***** _____
STREET / BOX NO: _____
CITY / STATE / ZIP: _____
CONTACT: _____
PHONE #: _____
NAME: _____
FAX # * IMPORTANT!***** _____
STREET / BOX NO: _____
CITY / STATE / ZIP: _____
CONTACT: _____
PHONE #: _____

FINANCIAL DATA: ATTACH FISCAL YEAR END FINANCIAL STATEMENTS FOR THE LAST TWO YEARS

PERTINENT INFORMATION AND REMARKS: IT IS VERY IMPORTANT THAT THE CREDIT OFFICE BE FURNISHED WITH ALL AVAILABLE FACTS THAT MAY ASSIST IN THE PROPER ANALYSIS OF THIS APPLICATION

I AGREE TO NOTIFY CONSOLIDATED ENERGY CO, LLC BY CERTIFIED MAIL OF ANY CHANGES IN OWNERSHIP OR THE LEGAL STATUS / STRUCTURE OF THE AFOREMENTIONED BUSINESS.

TAXES YOU WANT BILLED:

GAS	FEDERAL TAX	Y___ N___	STATE TAX	Y___ N___	FEES	Y___ N___
CLEAR DSL	FEDERAL TAX	Y___ N___	STATE TAX	Y___ N___	FEES	Y___ N___
DYED DSL	FEDERAL TAX	Y___ N___	STATE TAX	Y___ N___	FEES	Y___ N___
PROPANE	FEDERAL TAX	Y___ N___	STATE TAX	Y___ N___	FEES	Y___ N___
SALES TAX	FEDERAL TAX	Y___ N___	STATE TAX	Y___ N___	FEES	Y___ N___

I HEREBY AUTHORIZE CONSOLIDATED ENERGY CO, LLC TO CONTACT ALL BANKS AND TRADE REFERENCES FOR REQUIRED CREDIT INFORMATION NOW AND IN THE FUTURE.

SIGNATURE: _____ **DATE:** _____

CONSOLIDATED ENERGY CO, LLC
PO BOX 317
JESUP, IOWA
PHONE: 800-338-3021 FAX: 319-827-3154

Corporate Trading Partner
Electronic Funds Transfer Authorization Agreement

Accounts Payable		
Customer Name _____	Federal ID # _____	
Customer Address _____		
City _____	State _____	Zip _____
Account Contact _____		
Telephone Number _____	Fax _____	Email _____

_____ (“Customer”) does hereby authorize Consolidated Energy Co, LLC to initiate debit or credit entries to Customer’s account below, and does further authorize the financial institution named below to debit or credit such entries directly to the Customer’s account. Customer represents to Originator that the asset account is, and shall be during the term of this Agreement, maintained for business, and not personal, family or household purposes.

Bank _____	Bank Account Number _____
Branch _____	Transit Routing Number _____
Account Type (Checking/Savings) _____	
Address _____	Bank Contact _____
Bank Telephone _____	Fax _____
City _____	State _____ Zip _____

Note: EFT’s will be done 7 days from date of delivery. You will receive a pre-note two days in advance.

*Accounting Data. Customer does hereby authorize Consolidated Energy Co, LLC to transmit to Customer’s account electronically to Customer’s financial institution, subject to such financial institution’s capability to receive such data.

*Law Governing. This Agreement shall be construed in accordance with and governed by the laws of the State of Iowa.

*Notices. Except as otherwise provided herein, all notices to be give hereunder shall be in writing via registered mail or certified mail to Customer at the address set forth at the beginning of the Agreement, and if to Consolidated Energy Co, LLC at its offices located at PO Box 317, 910 Main Street, Jesup, Iowa 50648.

This Agreement may be amended only in writing and signed by both parties.

All other credit terms and requirements between Customer and Consolidated Energy Co, LLC remain in effect.

AUTHORIZED as of the _____ day of _____, 20 ____.

_____ By _____ Title _____
(Customer Name)

DATE: _____ RECEIVED BY CEC REPRESENTATIVE _____

