



**JAMES OIL CO. INC./PACIFIC PRIDE**  
 666 Griffin Ave • Enumclaw, WA 98022  
 (360) 825-2176 • (800) 490-7476 • FAX (360) 825-4556  
 EMAIL office@jamesoilcompany.com



**NEW CUSTOMER INFORMATION**

Name of Firm		Phone	FAX
Firm Address		City	State Zip
Owner or Manager's Name	Spouse's Name	How Long in Business	Partnership Corporation Other
Home Address		How Long	Home Phone
Email Address		Date of Birth	Social Security No.
Please List Names and Addresses of Partners or Corporation Officers			
If in Present Business Less Than 1 Year, Please Give Name, Address, & Length of Time of Employment for the Last 5 Years.			
References (Please Indicate if Individual or Company Account)		Checking Acct. #	Savings Acct. #
Bank	Branch		
Credit			
Ref.	Address	Acct. #	
Credit			
Ref.	Address	Acct. #	
Estimate of Gallons Used Per Month	Number of Cars	Number of Trucks	Other Vehicles
Name of Person to Contact Regarding Arrangements.			

**DO YOU PRESENTLY USE PACIFIC PRIDE CARDS? (Y/N)**

**AGREEMENT AND GUARANTY**

I have made statements for the purpose of obtaining credit. I certify that they are true and authorize you to make a credit investigation. Billings shall be issued twice each month and payment will be due in full within 15 days of invoice date. I agree to pay a finance charge of 1.5% each month (18% per year) on any delinquent balances. Notwithstanding that this account is established in the name of a company, I personally guarantee payment of the account. In the event that this account is placed in the hands of an attorney for collection, customer agrees to pay reasonable attorney fees, plus costs of collection.

Venue shall be in King County, Washington

Signed \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

OREGON DIESEL PURCHASE. (Must have valid Oregon P.U.C. Permit # to have tax deferral). I certify that the special fuel purchased in Oregon from the James Oil Co., Inc. / Pacific Pride cardlock system is being done under the following valid OR P.U.C. Permit #\_\_\_\_\_. I further agree that if a taxable use should arise from our purchases, I will assume responsibility for such taxes (including any cancellation or non-renewal of said permits).

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

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

I acknowledge that Pacific Pride network fueling access cards are being issued to a business, not a natural person. Further, I acknowledge that the access cards are to be used for the limited purpose of activating cardlock network automated fueling dispensers for that business and recording the time, place, date, gallonage, and cost of the fuel dispensed so that the transaction can be completed by issuance of an invoice to the business at the later date.

I acknowledge that the process of opening an account with James Oil Company is separate and distinct from the process of issuing cardlock network fueling access cards. An account may be used for petroleum deliveries and for walk-in sales of oil, grease, and related products from our warehouse. I acknowledge bulk deliveries may be made without a signature at place of delivery.

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

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

I accept liability for unauthorized use of any access card issued to the business and for any attorney's fees incurred in collection of debts resulting from unauthorized use until James Oil Company is notified that the access card is being misused, lost, or stolen. Upon notification, James Oil Company will take action to stop the lost access card from being used. If the access card was lost with the PIN attached, an emergency invalidation will be issued and a charge will be made to the account of the business that lost the card.

Notification can be made by telephone 24 hours a day to (360) 825-2176

I acknowledge that each Pacific Pride access card is issued with a Personal Identification Number (PIN). The access card cannot be used without the PIN and as such is a method of access control for my protection. Under no circumstance should the PIN be kept on or near the Pacific Pride access card.

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

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

# JAMES OIL CO. INC./PACIFIC PRIDE

## ACCESS CARD ORDER FORM

FIVE TYPES OF ACCESS CARDS ARE AVAILABLE.  
Please specify NUMBER of cards desired.

\_\_\_\_\_ Gasoline Only Card

\_\_\_\_\_ Clear Diesel Only (On-Road) and Bulk DEF Card (Excludes dyed off-road Diesel)

\_\_\_\_\_ Gas, Diesel, and Bulk DEF Combination Card

\_\_\_\_\_ Gas, Diesel, Dyed Diesel, and Bulk DEF Combination Card

\_\_\_\_\_ Dyed Diesel Only (Off-Road)\* and Bulk DEF Card

- Exempt State and Federal Road Tax
- Sales Tax Charged
- No Special license required
- Off-Road use only-Penalty for Taxable Use

\*Not at all locations

Note: Bulk Hydraulic and Motor Oils also available as card options

If you would like certain cards assigned to a specific vehicle or person, please list vehicle number or name below.

1. _____	6. _____	11. _____
2. _____	7. _____	12. _____
3. _____	8. _____	13. _____
4. _____	9. _____	14. _____
5. _____	10. _____	15. _____

To speed processing procedures, you may email this application to [office@jamesoilcompany.com](mailto:office@jamesoilcompany.com) or FAX this application to (360) 825-4556, in addition to mailing the original. Original must be on file before cards can be issued.



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## *Direct Payment Plan*

The Direct Payment Plan (DPP) is the automated and dependable way to pay your fuel bill. We will automatically deduct payments from your checking or savings account. The DPP eliminates any confusion about which invoice is due when. It also saves checks, time, and postage, and guarantees no late charges. DPP participants are also ensured of getting the Net 15 discount of \$0.05/gallon, all of the time.

Here's how the DPP works: You authorize regularly scheduled payments to be made from your bank account approximately 15 days after the invoice date. Your payments will be made automatically on the 15<sup>th</sup> and the last day of the month (unless a weekend or holiday, then it will be made on the next business day). Proof of payment will appear on your bank statement. The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. Notification of any changes must be made at least 5 business days in advance of any draft date.

All you need to do is:

1. Fill in the date, your name, financial institution name and location
2. Attach a voided check for verification of all financial institution information
3. Be sure to sign the form

### Authorization for Direct Payment Plan (DPP)

I authorize James Oil Co. Inc. to initiate electronic debit entries to my checking/savings account for payment of my fuel bill. I acknowledge that the origination of the ACH transactions to my account must comply with the provisions of US law. This authority will remain in effect until I have canceled it in writing.

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

Customer Name: \_\_\_\_\_ James Oil Account #: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Financial Institution City and State: \_\_\_\_\_

Account Number at Financial Institution: \_\_\_\_\_

Financial Institution Routing/Transit Number: \_\_\_\_\_

Signature: \_\_\_\_\_

**Staple Voided Check Here**