

Please complete all applicable items.

Company Name City of Coalinga Credit Applicant \_\_\_\_\_ Year Business Started \_\_\_\_\_  
 Street Address 155 W. Durian Ave City Coalinga State CA Zip 93210  
 E-mail jbains@coalinga.com Phone # 559-935-1531 Ext. 129 Fax # 559-935-0995  
 Government Entity Type: ☐ State ☐ County ☒ City ☐ Other: \_\_\_\_\_  
 Type of Business City Government Duns Number 030999361  
 Parent Company or Affiliates(Name & Address): \_\_\_\_\_

**PRIMARY CONTACT INFORMATION**

Name Jasmin Bains E-mail jbains@coalinga.com Phone # 559-935-1531 Ext. 129  
 Fleet Manager Address 155 W. Durian Ave Coalinga, CA 93210

**FINANCIAL INFORMATION**

Are your books prepared by an outside Accountant? ☐ Yes ☒ No  
 Accountant Name \_\_\_\_\_ Email Address \_\_\_\_\_ Phone # \_\_\_\_\_

**ENCLOSING WITH APPLICATION**

Three years of Financial Statements (with footnotes) ☒ Audited ☐ Opinioned ☐ Internal  
 Published Annual Reports ☐ Yes ☒ No  
 Income Tax Returns (3 years) ☐ Yes ☒ No  
 Other Items Included: \_\_\_\_\_  
 Federal ID Number: 94-6000312  
 Fiscal Year End (Month): June

**CURRENT VEHICLE SUPPLIER**

Principle Suppliers	Phone #	E-Mail Address	Acct #	# of Vehicles
Winner Chevrolet	916-429-4700			2
Keller Motors	559-584-5531			
Groppetti Automotive	559-737-6025	mikem@groppettiauto.com		
Current Vehicle Suppliers	Phone #	E-Mail Address	Acct #	# of Vehicles
<input type="checkbox"/> Purchasing <input type="checkbox"/> Leasing <input type="checkbox"/> Finance				

**INSURANCE**

Company California Intergovernmental Risk Agent Yahaira Martinez Policy # Self-Insured Exp. Date 06/30/2022  
 Street Address 1525 Response Road Suite 1 City Sacramento State CA Zip 95815  
 Phone # 916-927-7727 Fax # 916-927-3075

## ACH AUTHORIZATION AGREEMENT

### LESSEE INFORMATION

Company Name City of Coalinga FEIN 94-6000312  
Street Address 155 W. Durian Ave City Coalinga State CA Zip 93210  
Contact Name Jasmin Bains Phone # 559-935-1531 Ext. 129 Fax # 559-935-0995  
Email Address jbains@coalinga.com

### BANK INFORMATION

Bank Name Union Bank Checking Account Only ☐  
Street Address 455 South Figueroa Street, 16th Floor City Los Angeles State CA Zip 90071  
Bank Contact Name Michael Brody Phone # 213-236-4169 Fax #   
ABA / Routing Number: 122000496 Account Number: 3900101618

**\*\*PLEASE ATTACH A VOIDED CHECK FOR THE ACCOUNT LISTED ABOVE\*\***

Upon approval of this Credit Application, I (we) hereby authorize Enterprise Fleet Management, Inc., hereinafter called "EFM", to initiate, if necessary, credit entries and adjustments for any debit entries in error, to my/our checking account indicated above and to further authorize the depository named above, hereinafter called "DEPOSITORY", to debit and/or credit the same to such account. I (we) covenant and agree to instruct any and all banks or other financial institution specified in this Credit Application and ACH authorization to process debits using the Automated Clearing House funds-transfer system.

This transaction will be completed in accordance with the following provisions:

1. The withdrawal will occur on the 20th of each month. If the 20th of each month falls on a weekend, amounts will be withdrawn on the next business day.
2. An electronic copy of the invoice and/or statement will be available on EFM's website (<http://efmfleetaccess.efleets.com>) by the 5th business day of each month. The Lessee will be expected to review the invoice/statement prior to the 15th of each month. The Lessee reserves the right to call EFM and dispute a charge by the 15th of the month. EFM will withdraw the entire invoice amount each month if no charges have been disputed by the 15th of each month. Upon request to EFM, a hard copy of an invoice or statement will be mailed to the lessee each month via the United States Postal Service.
3. For any amount owed by the Lessee to EFM that is not paid due to insufficient funds on the date the debit should occur, a \$25 non-sufficient funds transaction fee will be assessed. The transaction fee shall be paid by the Lessee to EFM on demand.
4. This authorization is to remain in full force and effect until EFM has received written notification from the Lessee of its termination in such time and in such manner as to afford EFM and DEPOSITORY a reasonable opportunity to act on it. Cancellation will also occur if EFM has sent the Lessee a ten day written notice for EFM's termination of the agreement. Cancellation requests for this agreement should be forwarded to:

[ARBilling@efleets.com](mailto:ARBilling@efleets.com)

### STATEMENT OF POLICY AND PROCEDURES

Enterprise Fleet Management, Inc. and affiliates will use the information provided in this for the purpose of fleet and rental related services/programs.

Enterprise Fleet Management, Inc. reserves the right to return this application if all sections are not completed or determined misleading.

Enterprise Fleet Management, Inc. will conduct future inquiries on an annual basis as part of the annual credit review process or as fleet size increases, and reserves the right to ask for additional or updated financial information as the need warrants as part of the credit underwriting process.

AUTHORIZED SIGNERS FOR MOTOR VEHICLE LEASE(S)

## City Manager

RESOLVED, The undersigned hereby certifies (i) that he/she is the duly appointed City of Coalinga (Title) for City of Coalinga (Entity legal name) hereafter known as "The Entity", (ii) that he/she is authorized by The Entity to execute and deliver on behalf of The Entity to Enterprise Fleet Management, hereafter known as "Enterprise" ("Lessor") and the Master Lease Agreement between Enterprise and the Entity ) the ("Lessee"), and (iii) that the following individuals are authorized and empowered on behalf of and in the name of The Entity to execute and deliver to Enterprise Schedules to the Lease for individual motor vehicles, together with any other necessary documents in connection with those Schedules:

RESOLVED FURTHER, that:

**Jasmin Bains**

Print Name

**Jacob Del Cid**

Print Name

**Vivian Saucedo**

Print Name

Print Name

Print Name

Print Name

**Financial Services Director**

Title

**Junior Accountant**

Title

**Financial Services Supervisor**

Title

Title

Title

Title

Bond Rating: \_\_\_\_\_ Rating Agency: \_\_\_\_\_ Federal ID#: \_\_\_\_\_

RESOLVED FURTHER, that EFM is authorized to act upon this authorization until written notice of its revocation is received by EFM.

I do hereby certify that the information contained in this Credit Application is accurate in all material aspects as required by law. Further, I do hereby certify

**Marissa Trejo**

Print Name

Signature

**08/05/2021**

Date

**City Manager**

Title

**City of Coalinga**

Company Name

For the purpose of seeking to secure credit from Enterprise Fleet Management, Inc. (together with its affiliates, successors, assigns and third party service providers, "EFM"), Credit Applicant (a) authorizes (i) EFM to run a credit report, investigate and verify the information in this Credit Agreement, and/or obtain financial and/or credit information from any person or entity with which Credit Applicant has or had financial dealings, including banks, lending institutions and trade or credit references, whether or not such person or entity is identified in this Credit Application, which information may include financial statements, tax returns, and banking records, (ii) EFM to contact any of Credit Applicant's current or former employers or creditors to verify any information contained herein or received in connection with this Credit Application if Credit Applicant is a sole proprietor, and (iii) any third party who may have relevant information to provide such information to EFM, (b) will notify EFM if there is any change in name, address, or any material adverse change (i) in any of the information contained in this Credit Application, (ii) in Credit Applicant's financial condition, or (iii) in Credit Applicant's ability to perform their respective obligations to EFM, and (c) represents and warrants that any and all information provided to EFM by Credit Applicant is true, correct and complete as of the date hereof. The lack of any notice of change in the representations and warranties included in this Credit Application shall be considered a continuing statement that the information provided in this Credit Application remains true, correct and complete.

As permitted by law, EFM may also release information about EFM's credit experience with Credit Applicant. Credit Applicant understands and agrees that all reports and records developed by EFM or any third party agent in connection with the foregoing investigations are the sole property of EFM and will not be provided to Credit Applicant unless otherwise required by applicable law or agreed to by EFM in writing.

The Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that Credit Applicant has the capacity to enter into a binding contract); because all or part of Credit Applicant's income derives from any public assistance program; or because Credit Applicant has in good faith exercised any right under the Consumer Credit Protection Act. If this credit application is denied, Credit Applicant may have the right to a written statement of the specific reason(s) for the denial. To request to obtain the statement, Credit Applicant may contact EFM at: 600 Corporate Park Drive, ATTN: EFM Credit Department, St. Louis, MO 63105, within 60 days from the date Credit Applicant is notified of the denial. If applicable, within 30 days of EFM's receipt of the request, EFM will send Credit Applicant a written statement specifying the reason(s) for the denial.

The person signing below personally represents and warrants to EFM that he/she is authorized to make this application for credit on behalf of Credit Applicant.

Please note that this Credit Application is an application and does not commit or require EFM to extend any credit whatsoever to Credit Applicant.