

Commerical Credit Application

Federal ID #		Social Security #	
Full Name of Business/Individual		Email Address	Telephone #
Mailing Address		City/State	Zip Code
Delivery Address		City/State	Zip Code

Fuel Type <small>(n/a if not applicable)</small>	Gasoline 87 89 93	Off Road	On Road ULSD	Heating Oil
Tank Size				
Estimate Monthly Gallons				
Tank Location / Directions				

<input type="checkbox"/> Single Entity Not a Subsidiary	How long in Business?	*Name/Address of Parent Company
<input type="checkbox"/> Subsidiary of Parent Company*	Type of Business:	
<input type="checkbox"/> Corporation		
<input type="checkbox"/> Partnership	Under what other company names have you operated?	
<input type="checkbox"/> Other		

Applicant/Owner/Officer		Title	Spouses Name	
Home Address	City/State	Zip Code	Telephone #	
Driver's License Number	State of Issue	Social Security Number	Date of Birth	
Have you ever filed bankruptcy? (Spouse also, if an officer)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Personally	<input type="checkbox"/> Business	
If so, when?		Where? (City/State)		
Names/Title of Partners or Corporate Officers	Address	City/State	Zip Code	Telephone #

Accounts Payable Contact	Email Address	Telephone #

Trade References (three)	Email Address	Telephone #	Fax #

I authorize this organization to request a consumer and business credit report for purposes of determining my current and continued credit worthiness. The permissible purpose(s) for which the report is being obtained certifies the report will not be used for any other purpose. I understand that this organization will be requesting a consumer credit and business report in conjunction with this commercial business application. I release all such persons from any liability or damages that may be incurred as a result of such an inquiry or the furnishing of such information. I certify the above statements are true and authorize you to make a credit investigation. **Billings shall be issued next business day after delivery and payment will be due within 10 days of invoice date for discount or within 30 days without discount. I agree to pay a late charge of 1-1/2% per month (18% per year) or 50¢ minimum on any delinquent balances.**

THIS AGREEMENT INCLUDES THE TERMS AND CONDITIONS ON THIS APPLICATION HEREOF. Notwithstanding that this account is established in the name of a company, I personally guarantee payment of this account. All purchases made on this account will be for commercial use.

Signature

Title

Date