



www.alaskafuelservices.com

(907) 374-9992

Fax (907) 479-2287
P.O Box 60172 Fairbanks, AK 99706

E-Mail: frontdesk@alaskafuelservices.com

Business Name _____ **EIN Number** _____

Property Address _____

Mailing Address _____ **Zip Code** _____

Telephone Number _____ **E-Mail** _____

Fax Number _____

Type of Organization _____ **Monthly Desired Credit Amount** _____

Other Persons Authorized to Purchase on this Account

Name _____ **Signature** _____

Name _____ **Signature** _____

Name _____ **Signature** _____

Name _____ **Signature** _____

We promise everything in this application is true to the best of my knowledge. We promise to pay Alaska Fuel Services for all invoices within 30 days of delivery date. If we fault, we acknowledge that automatic deliveries will be stopped. Overdue balances will accrue a finance charge of 10.5% per annual. We authorize Alaska Fuel Services to obtain credit reports with the application. We agree if business account becomes delinquent it may be referred to to small claims.

Applicant Signature _____ **Date** _____

Title _____

Co-Applicant Signature _____ **Date** _____

Title _____

Select services/discounts for your account

- | | |
|---|---|
| <input type="checkbox"/> One time fill | Tank size |
| <input type="checkbox"/> Auto-fill | <input type="checkbox"/> 300 <input type="checkbox"/> 500 <input type="checkbox"/> 1000 |
| <input type="checkbox"/> Equipment Fuel | Fuel Type |
| | <input type="checkbox"/> Heating Oil <input type="checkbox"/> ULSD |
| | <input type="checkbox"/> Gasoline |

Comments _____

Do We Need to Call Before Delivery? _____

If Yes, Please Explain _____