

COMMERCIAL CREDIT APPLICATION

BUSINESS Name: SS# or Fed.ID#				
Business Type: Co	rporation Partners	hip Sole Proprietorship	Other:	
Billing Address: Street				
Street		City	State	Zip
Billing Contact Name:				
		Email:		
SERVICE INFORMA				
How long in business? Estir		nated Monthly Usage \$:	Gallons:	
Key Lock Pump # of K	Keys Needed:	(\$25.00 deposit for each to Hometown Fuel.)	key; deposit refunded a	after keys are returned
REFERENCES: Bank References				
Bank Name	Address	Acct.#	Phone #	Contact
Bank Name	Address	Acct.#	Phone #	Contact
Trade References				
Name	Address	Acct.#	Phone #	Contact
Name	Address	Acct.#	Phone #	Contact
Name	Address	Acct.#	Phone #	Contact
Name	Address	Acct.#	Phone #	Contact
sonal and business, as HC which is furnished by the Abeen accurately complete Applicant(s), Applicant(s) and 1½% per month (18% per collection, including reason.	OMETOWN FUEL may read and represents currently agrees to pay according annum) should the bala anable attorney's fees. Scounts are to be settled in ant(s):	authorizes HOMETOWN FUEL to quire, from the bank and trade is lose of obtaining credit. Applica at data. If this application is app to the terms. Applicant(s) agre ance exceed thirty (30) days, and in full 10 days after invoice date un	references given in ant(s) certifies that to roved and credit is es to pay service change and change and control a	this application his application has extended to harges at the rate of es to pay all costs of hents are made.