

1225 Columbia Ave
York, PA 17404

Commercial Credit Application

Federal ID# _____

Social Security# _____

Full Name of Firm / Individual

Phone Number:

Fax Number:

()

()

Mailing Address

City/State

Zip

Delivery Address

City/State

Zip

Delivery & Product information: ** Gasoline 87 oct /89 oct /93 oct Tank Size _____ **Off Rd * Tank Size _____ **On Rd ULSD * Tank Size _____

Tank Location / directions _____

CHECK APPROPRIATE BOX AND PROVIDE INFORMATION AS REQUESTED

Single Entity Partnership How Long in Business? _____

Not a Subsidiary Other Type of Business: _____

Subsidiary of Parent Company

Corporation State: _____

If in business less than two years please give name, address and length of time of employment for the last five years:

Name and Address of Parent Company:

Under what other company names have you operated? _____

Please list the names and titles of partners or corporate officers Address / City / State / Zip Phone Number:

_____ () _____

Address / City/ State/Zip Phone Number:

_____ () _____

Applicant/Owner/Officer _____ Title _____ Spouses Name: _____

Home Address _____ City/ State/Zip Home Phone: _____

_____ () _____

Driver's License Number _____ State of Issue _____ Social Security Number _____ Date of Birth _____

Name of Nearest Relative not living with you: _____ Relationship _____ Telephone Number: () _____

Have you ever filed bankruptcy? Spouse also, if an officer. Yes No Personally Business

If so, when? _____ Where? _____ City/State _____

REFERENCES

Bank Name and Branch _____ City _____ State _____

Bank Contact _____ Account # _____ Telephone Number () _____

Current Petroleum Supplier _____ Telephone Number () _____

Trade Reference _____ Account # _____ Telephone Number () _____

Trade Reference _____ Account # _____ Telephone Number () _____

Estimated Monthly Usage Gallons: / _____ Accounts Payable Contact _____ Telephone Number () _____

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 _____