



5923 W. Imlay City Rd., Imlay City, MI 48444  
810.724.6425

FOR OFFICE USE ONLY	
Rep:	_____
Sls#:	_____
Depot:	_____
Date:	_____

## COMMERCIAL ACCOUNT APPLICATION

This Application is subject to all of the terms and conditions provided with this Application including the provisions on arbitration, all of which are accepted by Buyer.

Title of Account: _____
Billing Address: _____
City: _____ State: _____ Zip: _____
Delivery Address: _____
City: _____ State: _____ Zip: _____

Contact Person: _____
Phone: _____
Fax: _____
E-mail: _____
Purchase Order # (if applicable): _____

Product(s)
_____
_____
_____

Additional Delivery Locations / Tank Size: _____
_____
_____

Purpose: <input type="checkbox"/> Heat <input type="checkbox"/> Heat & Hot Water <input type="checkbox"/> Industrial <input type="checkbox"/> Motor Fuel # of Tanks: _____ <input type="checkbox"/> Other _____ Capacity: _____
Delivery Frequency: <input type="checkbox"/> Automatic <input type="checkbox"/> Will Call Estimated Annual Gallons: _____
Price/Program: _____ Service Plan: _____
Superintendent/Managers Name/Phone: _____
Special Delivery Instructions: _____
Tax Exempt: Y / N If yes; attach form
Type and Age of Equipment: _____

Partner's or Owner's Information (Please Print)			
(1 <sup>st</sup> )	_____	_____	_____
Last Name	First Name	M.I.	Social Security #
_____	_____	_____	_____
Address	City	State	Zip
(2 <sup>nd</sup> )	_____	_____	_____
Last Name	First Name	M.I.	Social Security #
_____	_____	_____	_____
Address	City	State	Zip

Trade References (Must supply 3)		
(1 <sup>st</sup> )	_____	_____
Business Name	Business Phone	Business Fax
(2 <sup>nd</sup> )	_____	_____
Business Name	Business Phone	Business Fax
(3 <sup>rd</sup> )	_____	_____
Business Name	Business Phone	Business Fax

Bank Credit Information Release: Please see Addendum A attached. This release will allow us to contact your financial institution to verify all information.

**TAX STATUS: ALL APPROPRIATE TAXES WILL BE BILLED UNLESS AN EXEMPTION CERTIFICATE OR LETTER IS ON FILE WITH OUR OFFICE.**

All information provided above is true to the best of my knowledge. You have permission to certify any of the above information and you are authorized to obtain a business/consumer credit report in connection with this application and subsequent business/consumer reports in connection with updating, renewing and reviewing this application. I understand that, upon request, you will provide me with the name and address of the credit reporting agency furnishing such report. You are also authorized to answer questions about your payment history with us. I understand that you will retain this application whether or not it is approved. I acknowledge that I have been given a complete description of the Terms and Conditions of the Commercial Account Application, which appear on the back of this form.

The Federal Equal Credit Opportunity Act prohibits discrimination against applicants. The federal agency that administers compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

Print Name _____	Signature _____	Date _____
Title _____		