



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: ☐ Heat ☐ Heat & Hot Water ☐ Industrial ☐ Motor Fuel # of Tanks: _____ ☐ Other _____ Capacity: _____

Delivery Frequency: ☐ Automatic ☐ 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)

(1st)

Last Name

First Name

M.I.

Social Security #

Address

City

State

Zip

(2nd)

Last Name

First Name

M.I.

Social Security #

Address

City

State

Zip

Trade References (Must supply 3)

(1st)

Business Name

Business Phone

Business Fax

(2nd)

Business Name

Business Phone

Business Fax

(3rd)

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