
Sales Rep.

Date



Credit Applying for: \$ _____

Terms Requested: _____

COMMERCIAL CREDIT APPLICATION

NEW CUSTOMER INFORMATION

Entity Name:		DBA:	
Phone Number:	Inception Date:	Federal ID #:	
Accounts Payable Contact:	Direct Phone:	Email:	
Registered Address:		Fax:	
Mailing Address (if different):		Email:	
Delivery Address:			
Bank Name:	Acct #:	Phone:	
City:	State:	Zip Code:	Contact Name : Fax:
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC			

OWNER/OFFICER INFORMATION

Name:		Title:	
Address:	City:	State:	Zip Code:
Direct #:	Cell #:	SS#:	

BUSINESS/TRADE REFERENCES

1) Company Name:	Contact:	Type of Account:
Address :		
Phone:	Fax:	Email
2) Company Name:	Contact:	Type of Account:
Address :		
Phone:	Fax:	Email
3) Company Name:	Contact:	Type of Account:
Address :		
Phone:	Fax:	Email

PRODUCT INFORMATION

Expected Monthly Purchase in Gallons: _____

On-Road: _____

Off-Road: _____

Gasoline: _____

Bulk Oil: _____

Expected Monthly Purchase in Gallons of Propane: _____

Tank Size: _____

Appliances using propane:

- | | | |
|---------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Range | <input type="checkbox"/> Grill | <input type="checkbox"/> Log Lighter |
| <input type="checkbox"/> Pool Heater | <input type="checkbox"/> Tiki Torches | <input type="checkbox"/> Logs |
| <input type="checkbox"/> Water Heater | <input type="checkbox"/> Gas Lights | <input type="checkbox"/> Generator |
| <input type="checkbox"/> Dryer | <input type="checkbox"/> Fireplace | |
| <input type="checkbox"/> Other: _____ | | |

DO YOU HAVE A RESELLER LICENSE: YES NO

IF YES ENTER REASON & SALES TAX NUMBER:

(Please send a copy with your application)

PETROLEUM CUSTOMERS ONLY

ARE YOU EXEMPT FROM ANY FUEL TAXES: YES NO

REASON: _____

DELIVER TO FUEL TANKS OVER 550 GALLON: YES NO IF YES ENTER DEP FACILITY ID #:

CARD LOCK

DO YOU WANT CARDLOCK FUEL CARDS ISSUED: YES NO NUMBER OF CARDS :

CONTACT PERSON NAME & PHONE NUMBER:

PIN NUMBER MUST BE 4 DIGITS

PIN #: _____ CARD NAME: _____ FUEL TYPE: UNLEADED REC 90 ON-ROAD OFF ROAD

PIN #: _____ CARD NAME: _____ FUEL TYPE: UNLEADED REC 90 ON-ROAD OFF ROAD

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All Cardlock customers must keep credit card or ACH payment information file.

ADDITIONAL SHIP-TO LOCATIONS

Name: _____ Delivery Address : _____ County: _____

Contact Name: _____ Phone Number: _____

Name: _____ Delivery Address : _____ County: _____

Contact Name: _____ Phone Number: _____

Name: _____ Delivery Address : _____ County: _____

Contact Name: _____ Phone Number: _____

All charges shall be paid within 15 days for fuel and 30 days for propane from the date of invoice. Any unpaid balance after that time shall accrue interest at the rate of 1.5% per month until paid. Customer shall pay all attorney's fees should the account be in default and given to an attorney for collection, regardless of whether suit is filed, and for court costs and other costs of collection. Any litigation in connection with this account, whether brought on by Como Oil Company of Florida or the Customer will be in Martin County, Florida unless Como Oil Company of Florida agrees otherwise in writing.

Applicant Name: _____ Title: _____

Signature: _____ Date: _____

For corporate accounts or individuals:

The undersigned hereby personally guarantees to be primarily liable for all amounts due on the above account including interest, attorney's fees, and cost of collection. The undersigned further agrees that Martin County, Florida will be the only venue for any litigation involving this account unless Como Oil Company of Florida agrees otherwise in writing.

Guarantor's Signature: _____ SS#: _____

Guarantor's Print Name: _____ Date: _____