



111 South Fourth Street, Bayshore, NY 11706 631-586-2264 Fax 631-586-1505

COMMERCIAL CREDIT APPLICATION

1. DATE: _____

2. FIRMS FULL LEGAL NAME: _____

3. STREET ADDRESS: _____

4. BILLING ADDRESS: _____

5. PHONE NUMBER _____

6. FAX NUMBER: _____

7. PURCHASING CONTACT: _____

8. DATE BUSINESS STARTED: _____

9. ACCTS PAYABLE CONTACT: _____

10. P.O. REQUIRED? PLEASE CIRCLE ONE YES NO

11. TAX EXPEMPT? PLEASE CIRCLE ONE YES NO

12. IF YES, CERTIFICATE MUST BE ATTACHED TO APPLICATION TO QUALIFY!

13. FEDERAL ID NUMBER: _____

14. PLEASE CIRCLE ONE: PROPRIETORSHIP PARTNERSHIP CORPORATION

15. STATE INCORPORATED IN: _____

16. FOR PROPRIETORSHIP, PARTNERSHIP, OR CORPORATIONS:

NAME OF OWNERS HOME ADDRESS CITY STATE ZIP SS#



111 South Fourth Street, Bayshore, NY 11706 631-586-2264 Fax 631-586-1505

CREDIT REFERENCES

PLEASE INCLUDE FULL NAME, ADDRESS, PHONE NUMBER, AND PRIMARY CONTACT

- 1. _____

- 2. _____

- 3. _____

BANK NAME AND ADDRESS: _____

BANK ACCOUNT NUMBER: _____

If credit is granted, I/We understand the terms of the sales are net 15 days from the date of the invoice. Starlite Propane Gas Corp. may charge interest on any past due balance at he maximum rate allowed by law with said interest being calculated from date of default. In consideration of Starlite Propane Gas Corp. extending credit to the above business, in the event that the account is placed with a third party for collection, I/We agree to pay all costs including reasonable attorney fees, court costs and finance charges. I/We authorize Starlite Propane Gas Corp to investigate our credit history (both business and personal), bank references and any information deemed necessary to extend credit. I/We agree to: 1) immediately notify Starlite Propane Gas Corp in writing, delivered in person or by certified mail return receipt requested, of any change in ownership, form of business, or address, or termination of a persons authority to incur changes under the account in behalf of the applicant; and 2) Indemnify Starlite Propane Gas Corp for any loss incurred thereby as a result of our failure to provide said written notice. This agreement shall remain in full force and effect until written notice of revocation is received by Starlite Propane Gas Corp.

X _____ DATE _____

AUTHORIZED SIGNATURE

PRINT NAME HERE