

**SELF HEATING & COOLING INC.**

219 KEITH VALLEY ROAD

HORSHAM, PA 19044

267-803-4840

FAX 267-803-4848

**CHARGE ACCOUNT APPLICATION FOR CORPORATION OR COMPANY**

NAME OF COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

OWN OR RENT BUILDING \_\_\_\_\_ IF OWNED, UNDER WHAT NAME \_\_\_\_\_

LANDLORD \_\_\_\_\_ LEASE EXPIRES \_\_\_\_\_

**BUSINESS PHONE #** \_\_\_\_\_

**BUSINESS FAX #** \_\_\_\_\_

HOW LONG IN BUSINESS \_\_\_\_\_ YEARS TYPE OF BUSINESS \_\_\_\_\_

EMPLOYER IDENTIFICATION NUMBER \_\_\_\_\_

BANK NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ACCT. NO. \_\_\_\_\_

BANK NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ACCT. NO. \_\_\_\_\_

NAME & ADDRESS OF CREDITORS	ACCT. NO.	ORG. AMT.	AMT. UNPAID	MTHLY PMT	PHONE #S
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OFFICERS, PARTNERS OR OWNERS PERSONAL CREDIT INFORMATION

PLEASE  
PRINT

\_\_\_\_\_  
Last First Middle Social Security #

Present Address \_\_\_\_\_

No. St. City State, Zip How Long

Phone # \_\_\_\_\_ Own or Rent, Landlord \_\_\_\_\_

Previous Address \_\_\_\_\_

No. St. City State, Zip How Long

PLEASE  
PRINT

\_\_\_\_\_  
Last First Middle Social Security #

Present Address \_\_\_\_\_

No. St. City State, Zip How Long

Phone # \_\_\_\_\_ Own or Rent, Landlord \_\_\_\_\_

Previous Address \_\_\_\_\_

No. St. City State, Zip How Long

It is agreed that if payment is not received when due and if it is placed with an attorney, or certified collection agency, for collection that the undersigned guarantor(s) will pay to you all costs of collection, including a sum equivalent to one third (1/3) of the amount referred to such attorney or collection agency, which the undersigned guarantor(s) agrees to be just and reasonable, or any other amount which a court having jurisdiction shall determine to be just and reasonable, which shall be immediately added to the amount due. This guarantee may not be altered, modified, terminated, or waived orally, and shall continue in full force and effect until such time as you shall receive from the undersigned written notice of revocation and such revocation shall not in any way relieve the undersigned from liability for any indebtedness incurred prior to the actual receipt by you at your office at ABOVE ADDRESS, of such notice; and signed registry return receipt card shall be the best evidence thereof.

### PERSONAL GUARANTY-FOR-CORPORATE ACCOUNTS

PERSONAL GUARANTY FOR VALUE RECEIVED, and in consideration for, and as an inducement for the SELLER to enter into the attached agreement for the supply of fuel oil; service; and parts or equipment; the undersigned personally guarantees the SELLER the full performance and the observance of the covenants, terms, conditions and agreement

Herein provided to be performed by \_\_\_\_\_  
CORPORATE OR COMPANY NAME

Without requiring notice of non-payment, non-performance or non-observance, or proof or notice or demand whereby to charge the undersigned therefore.

**A FINANCE CHARGE OF A 1½-% PER MONTH WILL BE COMPUTED ON UNPAID BALANCES OF 30 DAYS OR OVER FROM DATE OF INVOICE. THIS MONTHLY CHARGE CAN RESULT IN AN ANNUAL INTEREST OF 18%.**

**PLEASE READ CAREFULLY BEFORE SIGNING  
READ BOTH SIDES...LEAVE NO BLANKS  
(If not applicable, write N/A. If unknown, write UNK)**

I (We) hereby certify that I (We) have read this form thoroughly on both sides and accept its conditions, and further state that all information supplied by me (us) is true in fact and intent.

Corporation Signs Here

Individual Sign Here

Corporate Name \_\_\_\_\_

Applicant \_\_\_\_\_

1<sup>st</sup> Officer \_\_\_\_\_

Spouse or  
Co-Applicant \_\_\_\_\_

2<sup>nd</sup> Officer \_\_\_\_\_

The above agreement is accepted

By:

This \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Name and Title