



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 |
|-----------------------------|-----------|-----------|-------------|-----------|----------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

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)

(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

Corporate Name _____

1st Officer _____

2nd Officer _____

The above agreement is accepted

This _____ day of _____ 20_____

INDIVIDUAL SIGN HERE

Applicant _____

Spouse or

Co-Applicant _____

By: _____

Name and Title