



CREDIT APPLICATION FOR BUSINESS ACCOUNTS

SERVING YOU THE FINEST..
DELIVERY & SERVICE IN BERKS COUNTY!

Open Account:

C.O.D.:

Credit Card:

Business Name:	Type of Business:
Business Address:	Business Telephone:
Business City/State/Zip:	Business Fax:
Business Contact:	Business Contact Email:
Accounts Payable Contact:	Accounts Payable Email:
Business Type: Corporation: <input type="checkbox"/> Partnership: <input type="checkbox"/> Sole Proprietorship: <input type="checkbox"/> Trust: <input type="checkbox"/>	
Year of Establishment:	Federal ID Tax/Social Security #:
1.Principal Name:	Principal Social Security #:
Principal Address:	Principal City/State/Zip:
Principal Telephone:	Principal Email:
2.Principal Name:	Principal Social Security #:
Principal Address:	Principal City/State/Zip:
Principal Telephone:	Principal Email:

A current Tax Exemption Form must be attached to the application for tax exempt purchases.

Open & C.O.D. Accounts

Trade References:

To expedite credit approval, please provide references that will respond to our inquiry. Thank you.

1. Business Name:	Business Contact:
Business Address:	Business Contact Email:
Business City/State/Zip:	Business Fax:
Business Telephone:	Office Use Only:
2. Business Name:	Business Contact:
Business Address:	Business Contact Email:
Business City/State/Zip:	Business Fax:
Business Telephone:	Office Use Only:

Bank References:

Savings Bank Name:	Checking Bank Name:
Account #:	Account #:
Bank Telephone:	Bank Telephone:

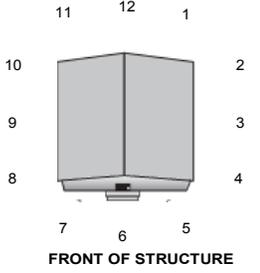
Desired Credit Amount: \$ _____

Annual Sales: \$ _____

Credit Card Accounts

Credit Card #: _____	Exp: ____ / ____	CVV: _____
Name on Card:	   	
Billing Address:		
Signature of Authorization:		
Signature of Principal (1):		
Signature of Principal (2):		

Product & Tank Information

HEATING OIL & FUEL TANK INFO					FILL LOCATION	PROPANE TANK INFO					
Product	Tank Size	Location (Select # from diagram on right)	Annual Usage	Auto Fill? (Y/N)		Tank(s)	Tank Size	Location (Select # from diagram on left)	Annual Usage	Auto Fill? (Y/N)	
Heating Oil						10	Main				
OFF-Road Diesel						9	Other				
ON-Road Diesel						8	List all Heaters & Appliances connected to Propane tank(s): I own the propane tank(s): <input type="checkbox"/> Yes <input type="checkbox"/> No				
Gasoline						7					
How full is your tank now? Oil: _____%		Number of heated rooms? (excluding bathrooms) _____				My hot water heater runs on: <input type="checkbox"/> Electric <input type="checkbox"/> Heating Oil <input type="checkbox"/> Propane <input type="checkbox"/> Natural Gas		How many people work here? _____			
Propane: _____%					Do you use any other source of heat? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please check source: <input type="checkbox"/> Fireplace <input type="checkbox"/> Wood <input type="checkbox"/> Coal <input type="checkbox"/> Pellets <input type="checkbox"/> Electric <input type="checkbox"/> Other						

Delivery Method

I will call for ALL my deliveries.

Please enroll me for Automatic Delivery.*

*Elite Fuel Service offers automatic delivery for all our fuel products. We track the weather on a weekly basis and use this data to project when your tank should be refilled. This allows you to relax and forget about keeping the tank filled or running out of fuel in the middle of business operations.

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake the responsibility to inform you of any changes therein, immediately. I also understand that any willful dishonesty may render for refusal of this application.

BY MY SIGNATURE BELOW I AUTHORIZE Elite Fuel Service, LLC. to obtain a Consumer Credit Report on me. This authorization is valid for purposes of verifying information given pursuant to employment, leasing, rental, business negotiations, or any other lawful purpose covered under the Fair Credit Reporting Act (FCRA).

BY MY SIGNATURE BELOW I AGREE to the following terms set forth by Elite Fuel Service, LLC.:

- 1. To pay each invoice in full within thirty (30) days of the invoice date.
- 2. To pay a service charge for late payment, calculated at an annual percentage rate of 18%.
- 3. To pay all collection fees and attorney fees if this account is reported to any collection agency.
- 4. To allow Elite Fuel Service, LLC. to conduct any credit investigation on the principal(s) and company in order to obtain a credit history and hereby indemnifies Elite Fuel Service, LLC. and its agents from any liability resulting from your credit survey.
- 5. To acknowledge and agree that any accounts receivable information may be reported by Elite Fuel Service, LLC. to various consumer and commercial credit agencies.

EXECUTED AS A SEALED DOCUMENT

Principal (Print)

Date

Signature

Title

Principal (Print)

Date

Signature

Title

Personal Guaranty

IMPORTANT: This must be completed and signed before we can grant any credit. If this page is not completed, your application will be dismissed as incomplete.

In consideration of the extension of credit by Elite Fuel Service, LLC.to:

(Company Name, hereinafter referred to as "the Customer"), and for other valuable consideration, the undersigned hereby agrees to pay all sums of money now due and hereafter, to become due from the Customer, including without limiting the generality of the foregoing legal and other costs of attempts to collect said sums from the Customer and the undersigned, and lawful interest on said sum. The liability of the undersigned shall be primary, and if more than one person or entity signs this agreement, shall be joint and several, and shall not be affected by any discharge, extension of time, release of security, acceptance of compromise, or any other modification of the liability of the Customer, and shall not be dependent upon recourse to any remedies against the Customer, except that the undersigned shall receive credit for any sum received on Customer's account. The undersigned hereby waives any notice of the time and amount of extension of credit to the Customer, as well as rights of set-off, redemption, and counterclaim which may be alleged to exist in favor of Customer.

This agreement is intended to cover a running account or accounts by the Customer and will remain in full force and effect until fourteen (14) days after withdrawal by writing sent by registered mail, return receipt requested and received at the above address and effect with respect to all sums of money that are due and that become due from the Customer as a result of transactions through and including the date fourteen (14) days after said withdrawal is received. No rights against the undersigned are waived by failure to exercise any rights against the Customer upon his default. The incorporation, merger, reorganization, or sale of the Customer's business shall not operate as a termination of this guaranty. The undersigned hereby agrees to pay all of said sums, together with all legal and other costs including attorney fees of enforcing this agreement contained herein both as against the Customer and the undersigned.

This agreement is a Pennsylvania contract and shall be interpreted under the Laws of the same.

Witness my/our hand(s) and seal(s) this _____ day of _____ 20_____.

(USE NO TITLES WHEN SIGNING, e.g. President, Trustee, etc.)

(Individual)

(Individual)

**SIGNED IN THE PRESENCE OF
(REQUIRED)**