



**Propane  
Commercial  
Confidential  
Credit Application**

Date \_\_\_\_\_

NAME OF CORPORATION    INDIVIDUAL    PARTNERSHIP			BUSINESS PHONE	
BILLING ADDRESS		CITY	STATE	ZIP
DELIVERY ADDRESS (If Different)		CITY	STATE	ZIP
PERSON TO CONTACT & TITLE		DRIVER'S LICENSE NUMBER	YEARS IN BUSINESS UNDER PRESENT OWNERSHIP	
<b>Principal Owners</b>	NAME (First)    MIDDLE INITIAL    LAST    TITLE	SOC. SEC. NUMBER		
	HOME ADDRESS			DATE OF BIRTH
	NAME (First)    MIDDLE INITIAL    LAST    TITLE	SOC. SEC. NUMBER		
	HOME ADDRESS			DATE OF BIRTH
<b>Bank</b>	NAME OF BANK	OFFICER TO CONTACT	PHONE	
	ADDRESS OF BRANCH		CHECKING ACCT. NUMBER	
<b>Exemption Numbers</b>	FED. I.D. NUMBER	STATE I.D. NUMBER	STATE SALES TAX EXEMPTION NUMBER	
	<b>Misc</b>	TRANSPORTER	ESTIMATED MONTHLY GALLONS	CREDIT LIMIT REQUESTED
	<b>Trade References</b>	NAME	PERSON TO CONTACT	PHONE
ADDRESS			FAX	
NAME		PERSON TO CONTACT	PHONE	
ADDRESS			FAX	
NAME		PERSON TO CONTACT	PHONE	
ADDRESS			FAX	
NAME		PERSON TO CONTACT	PHONE	
ADDRESS			FAX	

Accounts must be kept current. Terms Net 30 days from date of delivery with approved credit. Buyer agrees to pay all bills for product sold by seller according to the terms thereof and upon failure to do so, may cause credit to be suspended and a finance charge of 1.5% per month (18% annually), and to pay all costs and fees of collection.

Notify us immediately of any change in ownership or address.

The undersigned hereby represent that all of the information on the credit application is true and that said representations are made for the purpose of obtaining credit from **Garrow Propane Corp.** The undersigned hereby agrees to all of the above terms and conditions.

I acknowledge that my signature hereon authorizes the above named financial institutions to furnish credit information to **Garrow Propane Corp.**

BUSINESS NAME \_\_\_\_\_

APPLICANT'S SIGNATURE & TITLE \_\_\_\_\_