

Powers Oil & Propane

1681 West Main St.

Alliance, Ohio 44601

Phone: (330) 821-8387

Fax: (330) 823-3130

Commercial Credit Application

Company Name:		DBA:	
Address:		Telephone Number:	
City:	State:	Zip:	
Billing Address (if different):			
City:	State:	Zip:	
Address of Payables Office (if different):			
Names of Payables Clerk:			
Type of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship		If corporation, please provide: Date of Incorporation: _____ State of Incorporation: _____ Corporate ID Number: _____	
Exemptions: <input type="checkbox"/> Sales Tax <input type="checkbox"/> Federal Tax		Premises: <input type="checkbox"/> Own <input type="checkbox"/> Lease	
Name(s) of Corporation Officers, Partners or Sole Proprietor			
Name:		Title:	
Home Address:			
Home Phone:		Social Security #: - -	
Name:		Title:	
Home Address:			
Home Phone:		Social Security #: - -	
Credit Line Requested: \$ _____		Estimate of Monthly Fuel Requirements:	
Years of Financial Statements Attached (2 years required): _____			

BANKING REFERENCES

Checking Account	
Bank:	Account Number:
Address:	
Account Officer:	Telephone Number:
Savings Account	
Bank:	Account Number:
Address:	
Account Officer:	Telephone Number:
Has the company been involved in bankruptcy or insolvency proceedings in the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	

TRADE REFERENCES

Name of Business:	Telephone Number:
Address:	
Name of Contact:	Account Number:
Name of Business:	Telephone Number:
Address:	
Name of Contact:	Account Number:

ALL BILLS ARE DUE IN FULL WITHIN 30 DAYS FROM THE DATE OF INVOICE. A FINANCE CHARGE OF 1.5% PER MONTH OR 18% PER YEAR WILL BE CHARGED ANY BALANCE UNPAID AFTER 30 DAYS.

THIS CREDIT APPLICATION IS SUBJECT TO THE APPROVAL OF, AND ANY CREDIT WILL BE EXTENDED BY, **POWERS OIL COMPANY**.

I HAVE READ, UNDERSTAND AND ACCEPT THE ABOVE TERMS AND HAVE PROVIDED TRUE INFORMATION. I FURTHER AUTHORIZE POWERS OIL COMPANY TO VERIFY ANY AND ALL REFERENCES GIVEN TO DETERMINE OUR CREDIT CAPABILITIES AND TO REQUEST INFORMATION FROM CREDIT REPORTING AGENCIES.

ON BEHALF OF THE COMPANY, I AGREE TO PAY FOR ALL AUTHORIZED PURCHASES MADE ON THE ACCOUNT.

_____ DATE: _____
CORPORATE OR PARTNERSHIP NAME

BY: _____

PRINT NAME AND TITLE