

TOWNSEND OIL & PROPANE

Petroleum Products Distributor since 1922

64 Main St. • LeRoy, NY 14482 • (800) 369-8187 • (585) 768-8188
 922 Rt. 31F • Macedon, NY 14502 • (800) 779-2963 • (315) 986-3100
 www.townsendenergy.com

COMMERCIAL CREDIT APPLICATION

Name of Business _____ DBA _____
 Billing Address _____ Telephone _____
 Delivery Address _____ FAX _____
 City _____ State _____ Zip _____

Business is organized as a Corporation Partnership Proprietorship
 If Corporation, Fed ID No. _____ If Individual, Social Security No. _____
 Length of time in business _____ Type of business _____

OFFICERS

	Name of Officer	Home Address	Home Telephone
President			
Vice-President			
Treasurer			
Secretary			

Products you are interested in purchasing _____
 Estimated Annual Requirements \$ _____ Credit Level Requested \$ _____
 Individual with whom you are dealing with here _____

If required, would you be willing to sign a personal guarantee? Yes No

BANK REFERENCE

Name of Bank _____ Contact _____
 Address _____ City, State, Zip _____
 Type of Account Checking Savings Loan

TRADE REFERENCES

	Vendor	Address	Telephone
1.			
2.			
3.			
4.			

If credit is granted, it is understood that our terms of sales are Net/30 days. Finance charges may be assessed on account balances not paid within 30 days of billing date. Accounts paid within 30 days of billing date do not incur a FINANCE CHARGE. Finance charges are determined by applying a periodic rate of 2% per month. The periodic rate of 2% is equal to an ANNUAL PERCENTAGE RATE of 24%.

It is understood that additional credit will not be extended to any account in excess of 60 days past due. I/We agree that in the event of a default of payment in accordance with above terms, to pay as and for reasonable attorneys fees and costs of collection, 20% of the unpaid balance of the account (inclusive of finance charges).

The above information is for the purpose of establishing the credit worthiness of the above named concern. I/We attest to the accuracy of the information provided to the best of my/our knowledge and abilities. I/We hereby authorize Townsend Oil Corp. to contact the references listed regarding our account status and payment history. I/ We furthermore authorize Townsend Oil Corp. to receive information regarding our banking relationship from the above named financial institution.

Date _____ Signed _____ Title _____

FOR OFFICE USE

Credit Approved _____ Terms _____ Credit Limit \$ _____

By _____