

CREDIT APPLICATION.

(After filling out application please fax or e-mail)

FAX NUMBER: 510-569-3673

E-MAIL: Sftruckstop@sbcglobal.net

Name:

Company Name:

Name of Company:

Address:

City: State: Zip:

Phone: Fax:

Person to Contact:

Federal Tax ID: Social Security #:

East Bay Propane. Send out billing weekly / bi-weekly / monthly. Each billing will include all original ticket invoices with the driver's signature. Please circle the preferred billing cycle. East Bay Propane encourages customers to use purchase order numbers. If company elects to use a purchase order which requires phone contact at time of service, please provide toll-free phone number and contact person who will authorize

By signing this application, company agrees to:

1. Billing cycle circled, and past due 10 days from billing date.
2. A monthly late fee of 1.5% per month. Annual percentage rate of 18% or the maximum Rate authorized by law whichever is lower.
3. A return check fee of \$50.00.

Accept

Decline

AUTHORIZED SIGNATURE - ACCEPTANCE OF TERMS

NAME OF OWNER(S):

Each Owners (home address):

Bank Name & Address:

Bank Phone #:

Bank Fax #:

I HEREBY AUTHORIZE THE BANK TO RELEASE THE FOLLOWING INFORMATION:

x -----
ACCOUNTNUMBER -----
ACCOUNT ESTABLISHED _____ AVERAGE BALANCE _____
SATISFACTORY ____ N.S. F ITEMS ____ COMMENTS

Four credit references of companies applicant has charge over \$1,000 per month with, for at least 12 months.

Company:

Address:

Phone #:

Fax #:

Person to contact:

Type of Service:

Company:

Address:

Phone #: Fax #:

Person to contact:

Type of Service:

Company:

Address:

Phone #: Fax #:

Person to contact:

Type of Service:

Company:

Address:

Phone #: Fax #:

Person to contact:

Type of Service:

Please direct any question to: East Bay Propane. (Receivable Manager)

Signed Date:

(Person Authorized by Applicant Company)