PHILLY FUELS INC.

5N US ROUTE 11 PO BOX 325 PHILADELPHIA, NY 13673

(315) 642-5562 (315) 642-0107 FAX OFFICE@PHILLYFUELSINC.COM

OFFICE USE							
APPROVE	CS:	_					
DENY	DATE:						
REC':	INTS:	_					

BUSINESS CREDIT APPLICATION

DOSINESS NAIVIE.	USINESS NAME:			ERSON:		
BILLING ADDRESS:			SITE ADDRESS:			
CITY/STATE/ZIP:			CITY/STATE/ZIP:			
BUSINESS PHONE: ()			CONTACTS PHONE: ()			
FED TAX ID NUMBER:			EMAIL:			
BUSINESS FAX: ()					
		CREDIT RE	FERENCES			
NAME:			NAME: _			
ADDRESS:			ADDRESS: _			
			_			
FAX: ()			FAX: (_			
ACCOUNT #:			ACCOUNT #	:		
NAME:	·		NAME: _			
ADDRESS:			ADDRESS: _			
			_			
FAX: ()			FAX: (
ACCOUNT #:			ACCOUNT #	:		
TYPE OF FUEL YOU USE:	FUEL OIL	KEROSENE	BLEND	PROPANE OFF ROAD DIESEL		
	87 OCT	89 OCT	91 OCT	ON ROAD DIESEL		

WHAT SIZE TANKS DO YOU	HAVE:			
ANY OTHER INFORMATION	WE NEED TO KNOW:			
promptly pay all sums when do amount due, all collection cha attorney's fees and court costs	g and extension of credit by Seller to the undersigned, it ue. In the event of non-payment, the undersigned does rges incurred by Seller, including charges made by a colle s. The undersigned further agrees to pay service charges Il sums are due within 30 days from delivery, future deliv	hereby agree to pay in add ection agent and, in the eve at the rate of 24% per yea	ition to ent of su r comm	o the principal uit, reasonable nencing the firs
X	TITLE:	DATE	/	_/
X	TITLE:	DATE	/	/

NO

DO YOU HAVE YOUR OWN TANKS?

YES

NO

WOULD YOU LIKE AUTOMATIC FILLS? YES

^{*}CREDIT TERMS: Payment due in 10 days or Del to Del, whichever comes first.

^{*}APPROVAL: All references will be checked

^{*}We can no longer provide propane service if credit is denied.

^{*}It will take 7-10 days for approval; you will receive notification via mail.

^{*}If you have any questions please don't hesitate to call our office at 642-5562, 8 am – 4 pm, M-F