



Business Credit Application: Equal Opportunity Application for Credit

Business Name: _____ Type of Business: _____

Years in Business: _____ Address: _____

Billing Address: _____

Business Phone Number: _____ Contact Person: _____ Fax: _____

Accounts Payable Phone Number: _____ Accounts Payable e-mail: _____

Do you own or lease your building? _____ Length of Lease: _____

Name and Phone Number of Landlord: _____

Sole Proprietor:

Name: _____

Home Address: _____

Phone Number: _____

Social Security Number:

Corporation:

President: _____

Vice President: _____

Secretary: _____

Treasurer: _____

Partnership:

Name: _____

Home Address: _____

Phone Number: _____

Social Security Number:

Bank Information:

Name of Bank: _____

Address: _____

Phone Number: _____

Contact Person: _____

Partnership:

Name: _____

Home Address: _____

Phone Number: _____

Social Security Number:

List of Current Suppliers for References:

References #1:

Name: _____ Contact Person: _____
Phone Number: _____ Fax Number: _____ E-mail: _____

References #2:

Name: _____ Contact Person: _____
Phone Number: _____ Fax Number: _____ E-mail: _____

References #3:

Name: _____ Contact Person: _____
Phone Number: _____ Fax Number: _____ E-mail: _____

References #4:

Name: _____ Contact Person: _____
Phone Number: _____ Fax Number: _____ E-mail: _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:

I certify that the foregoing information has been supplied truthfully, accurately and voluntarily, and therefore authorize the named creditor to investigate my/our creditworthiness, credit history and financial responsibility through any credit bureau or by any other reasonable means, including direct contact with past and present creditors. I also authorize banks and other financial institutions to give information to the named creditor in connection with this transaction about my/our accounts and loans. If credit is extended as a result of this application, I agree to make payment promptly in accordance with the creditor's usual terms and personally assume the liability incurred.

Terms: I agree to pay for my monthly purchases when due (net 30 days from invoice date). I further agree to assume full responsibility for all bills contracted by _____ at the above address. In the event it becomes necessary for your company to incur collection costs or institute suit to collect any amount due under this agreement, or any portion thereof, I agree to pay collection costs, charges and expenses including attorney fees incurred by your company.

Firm Name: _____ Authorized Signature: _____

Print Name of Authorized: _____ Date: _____

Send all correspondence and payments to:

United Propane

PO Box 709

Hutchins, TX 75141

(972) 225-2347 Fax: (972) 225-5775

E-mail: casey@unitedpropanetexas.com

Thank you for considering United Propane for your Propane Needs.