

Medford Fuel/Medford Heating CREDIT APPLICATION FOR A BUSINESS ACCOUNT

CREDIT APPLICATION

Title:		Credit Limit Desired:	
Company name:			FID:
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:			
Please check one: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other			

BUSINESS AND BANKING INFORMATION

Primary business address:			
City:		State:	ZIP Code:
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account	Account number		ABA Routing Number
Savings			
Checking			

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT: PLEASE ATTACH A VOIDED CHECK

1. All invoices are to be paid net 10 days from the date of the invoice. A late charge of 1.5% per month, which is an annual rate of 18%, will be applied to all overdue balances.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Medford Fuel/Heating to make inquiries into your credit history, banking and trade references supplied, and any information deemed necessary to extend credit.
4. Fuel accounts further authorize electronic debit/credit of their account above in the amount and terms specified by invoice, and to debit said account for such amount authorized by law in the event a debit entry is rejected by the depository. This authority is to remain in full force and effect until Medford Fuel/Heating has received written notification from me of its termination in such time but no less than 3 business days before any payments are due.

SIGNATURES

Print Name: Date:	Print Name: Date:
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