

Midwestern Propane Gas Co.

BUSINESS CREDIT APPLICATION

418 S. Belt E. – Belleville, IL 62220

(618) 234-0524 • fax (618) 234-0527 • office@midwesternpropane.com

DATE: _____

NAME OF FIRM OR CORPORATION _____ PHONE # _____

ADDRESS _____ CITY, STATE, ZIP _____

FEIN# _____ E-MAIL ADDRESS _____

THE FOLLOWING INFORMATION IS SUBMITTED FOR YOUR CONSIDERATION AS A BASIS OF EXTENSION OF CREDIT TO US:
WE HAVE BEEN ESTABLISHED _____ YEARS.

OUR LEGAL ENTITY IS: _____ CORPORATION _____ PARTNERSHIP _____ PROPRIETORSHIP

(IF CORPORATION, LIST NAMES OF OFFICERS AND TITLES. IF OTHER ENTITY, LIST NAMES OF PARTNERS OR OWNERS)

(NAME) (HOME ADDRESS) (CITY) (HOME PHONE) (SOCIAL SECURITY #)

(NAME) (HOME ADDRESS) (CITY) (HOME PHONE) (SOCIAL SECURITY #)

(NAME) (HOME ADDRESS) (CITY) (HOME PHONE) (SOCIAL SECURITY #)

THE FOLLOWING ARE 3 TRADE REFERENCES THAT WE ARE PRESENTLY DOING BUSINESS WITH.

(NOTE: PLEASE FURNISH COMPLETE STREET ADDRESS, CITY, STATE AND ZIP CODE)

(COMPANY NAME) (STREET ADDRESS) (CITY, STATE, ZIP) (PHONE & FAX #)

(COMPANY NAME) (STREET ADDRESS) (CITY, STATE, ZIP) (PHONE & FAX #)

(COMPANY NAME) (STREET ADDRESS) (CITY, STATE, ZIP) (PHONE & FAX #)

(NOTE: PLEASE FURNISH COMPLETE STREET ADDRESS, CITY, STATE AND ZIP CODE)

WE BANK AT:

(NAME) (STREET ADDRESS) (CITY, STATE, ZIP) (PHONE)

BANK ACCOUNT NUMBER: _____

(NAME) (STREET ADDRESS) (CITY, STATE, ZIP) (PHONE)

BANK ACCOUNT NUMBER: _____

DATE: _____ SIGNED BY: _____ TITLE: _____

TAX EXEMPT NUMBER: _____ (ATTACH COPY OF CERTIFICATE)

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize our bank(s) or trade references to release any information necessary to assist in establishing a line of credit.

FIRM NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT; AND I UNDERSTAND AND AGREE TO PAY IN FULL FOR MY PURCHASES WITHIN NOT MORE THAN 30 DAYS FROM THE DATE OF DELIVERY UNLESS OTHER WRITTEN ARRANGEMENTS ACCOMPANY THIS APPLICATION. I FURTHER UNDERSTAND AND AGREE TO PAY ANY CARRYING CHARGES TO MY ACCOUNT AT THE RATE OF 2% PER MONTH ON PAST DUE BALANCES PLUS APPLICABLE STATEMENT FEE, ATTORNEY FEES AND COLLECTION COSTS IF ANY INCURRED. IF LITIGATION BECOMES NECESSARY FOR ANY REASON ASSOCIATED WITH THIS CONTRACT, THE UNDERSIGNED STIPULATES TO THE SELECTION OF ST. CLAIR COUNTY IL AS TO THE APPROPRIATE VENUE.

AUTHORIZED BY: _____

TITLE: _____