



Federal I.D.# \_\_\_\_\_

 FUEL OIL CORP. • TERMINALS CORP. 

Office: 718-383-1400 • Fax: 718-383-2499 • www.metroenergy.com

**COMMERCIAL CREDIT AGREEMENT**CORPORATION   
DBA/TA   
PARTNERSHIP 

TITLE OF ACCOUNT \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

DELIVERY ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

(PLEASE LIST ADDITIONAL DELIVERY LOCATIONS ON REVERSE)

TELEPHONE #:

FAX #:

PRODUCTS

ACCOUNT PAYABLE CONTACT

ANNUAL GALLONAGE

APPROVED CREDIT LINE

\$ \_\_\_\_\_

PURPOSE:	HEAT <input type="checkbox"/>	HEAT & HOT WATER <input type="checkbox"/>	INDUSTRIAL <input type="checkbox"/>	NO. OF TANKS _____	TANK SIZE _____
DEL'Y FREQUENCY:	AUTO <input type="checkbox"/>	WILL CALL <input type="checkbox"/>	ORDER FREQUENCY _____	X PER _____	EST. GALS IN TANK _____
PRICE:	_____ (SUBJECT TO CHANGE)		SUPERINTENDENT'S NAME-PHONE _____		
SPECIAL DEL'Y INSTRUCTIONS: _____					
SPECIAL BILLING INSTRUCTIONS: _____					
TYPE & AGE OF EQUIPMENT _____					

## PARTNER'S OR OWNERS CREDIT INFORMATION

1	PLEASE PRINT _____	LAST _____	FIRST _____	MIDDLE _____	SOCIAL SECURITY # _____
	PRESENT ADDRESS _____	STREET NO. _____	CITY _____	STATE _____	ZIP _____
2	PLEASE PRINT _____	LAST _____	FIRST _____	MIDDLE _____	SOCIAL SECURITY # _____
	PRESENT ADDRESS _____	STREET NO. _____	CITY _____	STATE _____	ZIP _____

BANK \_\_\_\_\_ ADDRESS \_\_\_\_\_ ACCT. # \_\_\_\_\_

OFFICER TO CONTACT \_\_\_\_\_ PHONE # \_\_\_\_\_

**TRADE REFERENCES:** \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_  
 \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_  
 \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

PREVIOUS/PRESENT SUPPLIER \_\_\_\_\_

RENTAL INCOME INFO: # OF UNITS \_\_\_\_\_ % OF UNITS OCCUPIED \_\_\_\_\_ AVG. RENTAL \_\_\_\_\_

TAX STATUS ALL APPROPRIATE TAXES WILL BE BILLED UNLESS AN EXEMPTION CERTIFICATE OR LETTER IS ON FILE

THE ABOVE STATEMENTS ARE IN ALL RESPECTS COMPLETE, ACCURATE AND TRUTHFUL

All information provided above is true to the best of my our knowledge. You have permission to verify any of the above information and you may order a Business/Consumer Report in connection with this application. If credit is hereby granted, you agree to pay account in full within the thirty (30) day credit terms. A finance charge of 1-1/2% per month (annual percentage of 18%) will be assessed on all accounts unpaid in thirty (30) days following the due date. Noncompliance with credit terms may result, at the company's discretion, in termination of fuel oil deliveries or service. You will be in default if you do not pay a balance on time. Default means you can demand immediate payment of the gull balance. If we refer collection of the balance due to a lawyer or collection agency, you agree to pay all reasonable fees plus any court costs.

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_