



Commercial Credit Application



BUSINESS CONTACT INFORMATION

Name:		Title:	
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT 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		
Savings			
Checking			
Other			

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

I hereby authorize Company or any credit bureau or other investigative agency employed by Company to investigate the references herein listed or statements or other data obtained from me or any other person pertaining to my credit and financial responsibility. In consideration of the extension of credit by Company to us, we agree to promptly pay all bills in accordance with the terms expressed on the invoice. We further agree that if the merchandise ordered shall remain unpaid past the due date, shall bear interest at the rate of 1 1/2% per month until paid. In the event that any suit or action is instituted to collect money due on our account, whether principal or interest or both, we agree to pay, in addition to the amount owed, all legal fees and collection agency fees incurred, including a reasonable sum for attorney's fees.

SIGNATURES

Title:	Title:
Date:	Date:

PLEASE COMPLETE CREDIT APPLICATION, BLANKET RELEASE
EXEMPTION CERTIFICATE AND GUARANTEE

PERSONAL GUARANTEE

I/We, _____

For and in consideration of your extending credit at my/our request to _____

(Guarantor(s) Company Name)

Hereby personally guarantee to you the payment of any obligation of the above company, and I/we hereby agree to bind myself/ourselves to pay you on demand any sum, which may become due to you by the company whenever the company shall fail to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the company. I/we do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed. If the credit is granted, it is understood to be under the terms set forth on credit application.

Guarantor: _____ SS# _____
Print Name

Signature of above individual Date: _____
(Must Agree with Notary)

Home Address Phone: (_____) _____

Guarantor: _____ SS# _____
Print Name

Signature of above individual Date: _____
(Must Agree with Notary)

Home Address Phone: (_____) _____

Above signatures to be notarized

STATE OF _____, COUNTY OF _____

I CERTIFY that on _____, 20_____,
_____ personally came before me and acknowledged
under oath, to my satisfaction, that this person (or if more than one, each person):
(a) is named in and personally signed this document; and
(b) signed, sealed and delivered this document as his or her act and deed.

NOTARY SEAL

(Notary Public)

Notary Stamp
With Expiration Date:



REQUEST FOR CREDIT REFERENCE

This form is used by Company to request credit information from the applicant's other trade references.

Date: _____

To: _____

Attn: _____

Address: _____

Fax: _____

Re: Account Number _____

The above account has recently applied to our firm for credit and listed your company as a credit reference. Please, per the attached copy of Authorization, provide us the following so that we may have adequate information on which to issue credit:

High Credit:

\$ _____

Terms:

Current Balance:

\$ _____

Payment History:

Any other credit information you believe helpful may be noted below and shall be held in confidence.

We are always pleased to reciprocate. Please scan and email to _____.

Sincerely,



AUTHORIZATION TO RELEASE CREDIT INFORMATION

Date: _____ (Lyons LP Gas Company to complete)

To: _____ (Lyons LP Gas Company to complete)

Company Name and Address: (Lyons LP Gas Company to complete)

Please be advised I have a credit account with your company and hereby request that a report of my credit history with you be forwarded to Lyons LP Gas Company at _____ (contact name) _____ (address) _____ (email) _____ (fax number)

You may consider this letter as my authorization to release this information. Thank you for your anticipated cooperation.

Printed Name: _____

Signature: _____

SSN or EIN: _____

Address: _____

Signature of Joint Applicant (if any): _____

Name of Account: _____

Account Number: _____



AUTHORIZATION FORM

I would like my orders processed by:
(Check all that apply)

_____ Contract billing

_____ Purchase order number

_____ Authorized signature

Signatures and title accepted:

Officer signature & title

Date