



Reliance

**PROPANE AND FUEL OIL
OXYGEN & EQUIPMENT**

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www.reliance-energy.com

**BUSINESS
CREDIT
APPLICATION**

COMPANY INFORMATION

(please type or print legibly)

REGISTERED BUSINESS NAME OF COMPANY		TRADE NAME (OR DBA)		
ADDRESS FOR INVOICES & STATEMENTS		CITY	STATE	ZIP
BUSINESS PHONE	TYPE OF BUSINESS	<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP	YEAR BUSINESS STARTED OR INCORP.	
MAIN OFFICE ADDRESS (IF DIFFERENT THAN ABOVE):		CITY	STATE	ZIP
IF A SUBSIDIARY, PLEASE STATE PARENT CORPORATION		SELECT ALL PRODUCTS YOU MAY BE PURCHASING: <input type="checkbox"/> PROPANE <input type="checkbox"/> KEROSENE <input type="checkbox"/> INDUSTRIAL GASES <input type="checkbox"/> #2 HIGH SULPHUR OIL <input type="checkbox"/> #1 FUEL OIL <input type="checkbox"/> RETAIL SHOWROOM <input type="checkbox"/> LOW SULPHUR DIESEL <input type="checkbox"/> MEDICAL GASES <input type="checkbox"/> SEE REQUEST BELOW FOR REGISTRATION CERTIFICATE		
NAME USED ON BANK ACCOUNT				
ARE YOU TAX EXEMPT? <input type="checkbox"/> YES <input type="checkbox"/> NO	TAX EXEMPT # (WE WILL NEED A COPY OF YOUR TAX EXEMPT CERTIFICATE ON FILE)			
BANK NAME & ADDRESS/CITY/ST/ZIP		PHONE	ACCOUNT #	
NAME OF PRINCIPAL OFFICERS/TITLE	HOME ADDRESS	SOCIAL SECURITY #	BIRTHDATE	
NAME OF PRINCIPAL OFFICERS/TITLE	HOME ADDRESS	SOCIAL SECURITY #	BIRTHDATE	
CONTACT PERSON	PHONE	FAX		

TRADE REFERENCES – MUST HAVE FIVE (5) REFERENCES COMPLETED WITH FAX #'S AND VALID EMAIL ADDRESSES. WE MUST HAVE AT LEAST 3 RETURNED/APPROVED REFERENCES FOR BUSINESS APPLICANTS TO APPROVE APPLICATION

BUSINESS NAME	ADDRESS	PHONE	FAX	EMAIL
1)				
2)				
3)				
4)				
5)				

IMPORTANT TERMS AND CONDITIONS – READ CAREFULLY BEFORE SUBMITTING

TERMS – PAYMENT DUE NET THIRTY (30) DAYS AFTER DATE OF INVOICE. A LATE FEE OF 2% PER MONTH (OR 24% PER YEAR) WILL BE ACCESSED TO ALL ACCOUNT BALANCES OVER 30 DAYS PAST DUE.

REFUND POLICY – BECAUSE OF ADMINISTRATION COSTS, CREDITS OF \$10.00 OR LESS WILL NOT BE REFUNDED.

ON MEDICAL AND INDUSTRIAL GAS CYLINDERS OWNED BY RELIANCE THERE WILL BE A MONTHLY RENTAL FEE OF \$_____ IF PURCHASING MEDICAL GASSES, WE NEED A COPY OF YOUR FEDERAL CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE.

The applicants authorize Reliance to obtain credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account or for any other direct business requirement for any applicants listed below which may assist us in making a credit decision.

You agree that you will not mark, deface, mutilate, damage or destroy any of the equipment covered by this agreement, nor tamper with or attempt to modify or repair the equipment, nor allow any firm or other person to do the same. You are responsible for providing a suitable driveway to support Reliance's vehicle and allow access to the tank.

RIGHT TO ENTER PREMISES – Reliance shall at any reasonable time have the right to enter into and upon your land or other premises where the equipment is used for purposes of installation, inspection, maintenance, delivery, repair, or removal (e.g. for non-payment) of any or part of all the equipment.

All contract prices will be null and void if payment is not received according to our terms of Net 30 days, unless otherwise noted on the line below. Any invoices and balances not paid with 30 days will incur a monthly 2% late fee which calculates to an effective annual rate of 24%

*Reliance must have a way to contact you. A valid phone, fax number and email address (if available) on file to contact you. If there is no voicemail set up or a valid email address, that could result in this application being declined.

SIGNATURE	DATE
JOINT SIGNATURE	DATE