



WHOLESALE ACCOUNT APPLICATION
 32 THATCHER STREET
 BANGOR, MAINE 04401
 (207) 942-7361 Fax (207) 942-0116

Acct. #	<input type="text"/>
Originator	<input type="text"/>
Terms	<input type="text"/>
Limit	<input type="text"/> OK <input type="text"/>
Date	<input type="text"/>

Legal Company Name	_____			How Long in Business	_____	Years
D/B/A	_____			Tax ID #	_____	
Mailing Address	_____	City	_____	State	_____	Zip
Street Address	_____	City	_____	State	_____	Zip
Shipping Address	_____	City	_____	State	_____	Zip
Email Address	_____			Previous Supplier	_____	
Telephone Number ()	_____			Fax Number ()	_____	

Check One:
 SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION LIMITED LIABILITY CORPORATION (LLC)
 LIMITED LIABILITY PARTNERSHIP (LLP) LIMITED PARTNERSHIP (LP) PROFESSIONAL ASSOCIATION

OFFICERS, PARTNERS OR OWNERS INFORMATION

First Principal
 Name _____

FIRST	MIDDLE	LAST	SOCIAL SECURITY NUMBER		
Present Address	NO. STREET	CITY	STATE	ZIP	HOW LONG
Previous Address	NO. STREET	CITY	STATE	ZIP	HOW LONG

Second Principal
 Name _____

FIRST	MIDDLE	LAST	SOCIAL SECURITY NUMBER		
Present Address	NO. STREET	CITY	STATE	ZIP	HOW LONG
Previous Address	NO. STREET	CITY	STATE	ZIP	HOW LONG

(Continue Additional Principals on Separate Page)

BANK REFERENCE(S)

Name	Name
Address	Address
City State Zip Code	City State Zip Code
Phone	Phone
Person to Contact	Person to Contact

CREDIT REFERENCES (Complete all four)

Name	Name
Address	Address
City State Zip Code	City State Zip Code
Phone	Phone
Person to Contact	Person to Contact
Name	Name
Address	Address
City State Zip Code	City State Zip Code
Phone	Phone
Person to Contact	Person to Contact

ESTIMATED PURCHASES	<input type="checkbox"/> Monthly	\$ _____
	<input type="checkbox"/> Annually	\$ _____
TAX EXEMPT	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, A CERTIFICATE MUST BE SUBMITTED
FOR RESALE ONLY	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, A CERTIFICATE MUST BE SUBMITTED
OIL BURNER'S LICENSE NUMBER	_____	
PROPANE LICENSE NUMBER	_____	

NOTE: A COPY OF YOUR MOST RECENT ACCOUNTANT PREPARED FINANCIAL & OPERATING STATEMENT OR TAX RETURN MUST ACCOMPANY THIS APPLICATION. IT WILL BE KEPT CONFIDENTIAL AND IS FOR THE USE OF THE CREDIT DEPARTMENT IN ATTEMPTING TO ESTABLISH AN OPEN ACCOUNT FOR YOU.

AGREEMENT

I (We) hereby certify that I (we) have read this form thoroughly and accept its conditions, and further state that all information supplied by me (us) is true in fact and intent. I (We) hereby authorize the company to which this application is made to investigate and obtain reports concerning statements made herein. **I (We) hereby agree to comply with the terms and conditions of the account established and to pay a late charge on any balance past due thirty (30) days or more at a periodic rate of 1.50% per month.** It is agreed that if payment is not received when due and if the account is placed with an attorney, or certificated collection agency for collection that the undersigned will pay to you all costs of collection, plus reasonable attorneys' fees.

Corporation Signs Here

Individual(s) or Partners Sign Here

Corporate Name

Applicant

By _____

Social Security # _____ Date

Signature and Title _____ Date

Spouse, Partner, or Co-Applicant

ADDITIONAL OFFICERS, PARTNERS OR OWNERS INFORMATION

Additional Principal Name _____					
FIRST	MIDDLE	LAST	SOCIAL SECURITY NUMBER		
Present Address _____					
NO. STREET	CITY	STATE	ZIP	HOW LONG	
Previous Address _____					
NO. STREET	CITY	STATE	ZIP	HOW LONG	
Additional Principal Name _____					
FIRST	MIDDLE	LAST	SOCIAL SECURITY NUMBER		
Present Address _____					
NO. STREET	CITY	STATE	ZIP	HOW LONG	
Previous Address _____					
NO. STREET	CITY	STATE	ZIP	HOW LONG	
Additional Principal Name _____					
FIRST	MIDDLE	LAST	SOCIAL SECURITY NUMBER		
Present Address _____					
NO. STREET	CITY	STATE	ZIP	HOW LONG	
Previous Address _____					
NO. STREET	CITY	STATE	ZIP	HOW LONG	
Additional Principal Name _____					
FIRST	MIDDLE	LAST	SOCIAL SECURITY NUMBER		
Present Address _____					
NO. STREET	CITY	STATE	ZIP	HOW LONG	
Previous Address _____					
NO. STREET	CITY	STATE	ZIP	HOW LONG	

GUARANTY

RECITALS:

_____ has applied to Webber Supply, Inc. for the extension of (Business Name) credit in connection with business conducted by the Applicant. The extension of credit is not being requested nor will it be used for consumer purposes being personal, family or household purposes. In consideration of Webber Supply's granting the application for the extension of credit, the undersigned ("Guarantor") agrees as follows:

1. The Guarantor guarantees the prompt payment when due of all sums of money extended by Webber Supply to the Applicant, including principal, interest, late charges, and all costs and fees associated therewith, which may become due at any time in the future in connection with the extension of such credit. This is a continuing guaranty and shall remain in full force until revoked by Guarantor by notice in writing to Webber Supply, but such revocation shall be effective only as to claims or sums of money owing to Webber Supply which arise out of transactions entered into after Webber Supply's receipt of such notice. Any such notice shall be sent by Certified Mail, Return Receipt Requested.

2. Webber Supply may waive or modify any of the terms or conditions of its extension of credit to the Applicant without notice to Guarantor and without discharging or otherwise affecting the obligations of Guarantor hereunder. Guarantor shall not be discharged or released by reason of the discharge or release of Applicant for any reason of any of the obligations owing to Webber Supply by the Applicant for the extension of credit, including any discharge in bankruptcy, receivership, or other proceedings or any other modification, impairment, or limitation of the liability of the Applicant to Webber Supply. The undersigned further consents to and waives any notice of the withdrawal or extension of credit, or time to pay, or release in whole or in part of any indebtedness of the Applicant to Webber Supply, settlement of any claim, or the acceptance or release of any security by Webber Supply from the Applicant or other party. The undersigned waives notice of acceptance hereof and notice of all sales, deliveries and transactions by and between the Applicant and Webber Supply. Guarantor hereby waives any claim, right or remedy which Guarantor may have or hereafter acquire against the Applicant arising hereunder or from the performance by Guarantor hereunder, including without limitation any claim, remedy or right of subrogation, reimbursement, exoneration, contribution, indemnification or participation until after Webber Supply shall have been paid in full all sums due and owing it from the Applicant.

3. Guarantor further agrees to pay Webber Supply all costs, expenses and reasonable attorneys' fees incurred by Webber Supply in collection or endeavoring to enforce this Guaranty. This Guaranty shall inure to the benefit of Webber Supply, its successors and assigns, and is binding upon Guarantor and his or her personal representatives, successors and assigns. Guarantor hereby represents and warrants to Webber Supply that Guarantor has adequate means of obtaining from Applicant on a continuing basis financial and other information pertaining to its business and the Applicant and Guarantor are each now solvent and able to pay all liabilities as they come due.

IN WITNESS WHEREOF, this Guaranty has been executed and delivered to the Applicant by the undersigned Guarantor this ____ day of _____, 20 ____.

WITNESS:

Applicant Signature

WITNESS:

Co-Applicant Signature

TO OUR VALUED CUSTOMER

We are now offering several different options to receive your invoices and statements in a more timely and efficient manner.

Please sign up for the option that is best for you. **IF YOU HAVE ALREADY SIGNED UP PLEASE DISREGARD THIS NOTICE**

Company Name _____
Address _____
City, State, Zip _____
Phone _____

INVOICES

E-MAIL

EMAIL ADDRESS: _____

FAX

Fax # _____

STATEMENTS

E-MAIL

EMAIL ADDRESS: _____

FAX

Fax # _____

ON-LINE ACCOUNT ACCESS -STATEMENTS AND INVOCES

See it as soon as it hits your account.

Have access to all your invoices, past and current.

PLEASE CALL 942-7361 TO GET SET UP WITH YOUR USER ID AND
PASSWORD

FAX - 207-942-0116

EMAIL - lvmchugh@webbersupply.com

Or mail to Webber Supply

Attn: Lisa McHugh

32 Thatcher St

Bangor Me 04401

If you have any questions please call Lisa at 942-7361