



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

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

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

	<input type="checkbox"/> Monthly	\$ _____
ESTIMATED PURCHASES	<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	