

**CONTRACTOR / COMMERCIAL APPLICATION FOR CREDIT AND AGREEMENT FOR CREDIT TERMS**

PHIL'S PROPANE 477 CRANDALL RD. TIVERTON, RI 02878 PHN: 401-624-6395 FAX: 401-624-2773 Email: Office@philspropane.com	DATE	TAKEN BY	APPROVED BY	SALESPERSON	LIMIT
	Business Phone Number		( )		
	Cell Phone Number		( )		
	Account Payable Number		( )		
	Business Fax Number		( )		
	Email Address			@	
	E. I. N.				

<b>CREDIT REQUESTED \$</b>					
EXACT FIRM NAME	STREET	CITY	STATE	ZIP	HOW LONG
BILLING ADDRESS	STREET	CITY	STATE	ZIP	
NEAREST RELATIVE NOT LIVING WITH YOU	STREET	CITY	STATE	ZIP	

<b>NAMES AND TITLES OR OWNER (S)/OFFICER (S), IF PARTNERSHIP/SOLE OWNERSHIP</b>				
NAME	TITLE	HOME ADDRESS	TELEPHONE #	SOCIAL SECURITY #
			( )	- -
			( )	- -
			( )	- -

<b>BANK REFERENCE (PRIMARY)</b>			
BANK NAME	ADDRESS	TELEPHONE #	CHECKING/LINE/SAVING
		( )	
		( )	
		( )	

<b>CURRENT SUPPLIER REFERENCES (SUPPLIERS YOU HAVE PURCHASED FROM IN THE LAST TWO YEARS- AT LEAST THREE)</b>			
NAME	ADDRESS	TELEPHONE #	ACCOUNT #
		( )	
		( )	
		( )	

I/WE AGREE TO PAY MY ACCOUNT IN FULL 25 DAYS FROM THE BILLING DATE. INTEREST WILL BE CHARGED ON THE 25 DAY DELINQUENT ACCOUNTS AT THE RATE OF 1 1/4% PER MONTH 18% PER ANNUM WITH A MINIMUM CHARGE OF 50 CENTS. I/WE AGREE TO PAY ALL COST OF COLLECTIONS INCLUDING REASONABLE ATTORNEY FEES. I/WE UNDERSTAND AND AGREE TO ADHERE TO YOUR CREDIT TERMS. I/WE AM AUTHORIZED TO SIGN THIS AGREEMENT AS AN OFFICER OF THE ABOVE NAMED CORPORATION OR OTHERWISE.

SIGN	DATE
PRINTED NAME	
SIGN	DATE
PRINTED NAME	

The guarantor in consideration of extending credit to the applicant above hereof, the undersigned hereby unconditionally and personally guarantees the timely payment to you of all the sums, even if in excess of the applied for or established credit limit now due or which may hereafter become due and payable by virtue of your extension of the credit to the applicant, including, without limiting the generality of the foregoing, legal and other costs of attempts to collect said sums from the applicant and the undersigned, and lawful interest on said sum.

Balance in full is due net 25 days from the date that appears on the statement. Interest rate of 1.5% will be applied to all delinquent balances with a .50 cent minimum finance charge. ( 18% per annum).

The liability of the undersigned shall be primary, and if more than one person or entity signs this agreement, shall be joint several, and shall not be affected by any discharge, extension of time, release of security, acceptance of compromise or any other modification of liability of the Applicant and shall not be dependent upon recourse to any remedies against the Applicant, except that the undersigned shall receive credit for any sum received on Applicant's account. The undersigned hereby waives any notice of the time and amount of extension of credit to the Applicant, as well as right of set-off, redemption and counterclaim, which be alleged to exist in favor of Applicant.

This agreement is intended to cover a running account or accounts by the Applicant and will remain in full force and effect until 14 days after withdrawn in writing sent by registered mail, return receipt requested and received at the above address. Such withdrawals shall be effective prospectively only, and this agreement shall remain in full force and effect with respect to all sums of money that are due and that become due from Applicant upon his default. The incorporation, merger, reorganization or sale of Applicant's business shall not operate as a termination of this guaranty. The undersigned hereby agrees to pay any and all of said sums, together with all legal and other costs including attorney's fees of enforcing the agreement contained herein both as against the customer and the undersigned.

This agreement is a contract and shall be interpreted under the Laws of the state of RI or MA effective immediately. This agreement is binding upon the undersigned, his administrators, executors, heirs, and assigns.

DATE	INDIVIDUALLY AS GUARANTOR
	INDIVIDUALLY AS GUARANTOR
	INDIVIDUALLY AS GUARANTOR