

**Leiszler Oil Company, Inc., dba Short Stop**  
**CREDIT APPLICATION FOR A BUSINESS ACCOUNT**

**BUSINESS CONTACT INFORMATION**

Individual Name / Title:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Sole proprietorship:

Partnership:

Corporation:

Other:

**BUSINESS AND CREDIT INFORMATION**

Primary business address:

City:

State:

ZIP Code:

Telephone:

Fax:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Account number

Federal ID #

Sales Tax #

Monthly charges estimate

**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**

1. Payments will be EFT'd from customer's account on the 10th day of the month following the charges.
2. Interest will accrue at the rate of .015 per month on the unpaid balance.
3. By submitting this application, you authorize Leiszler Oil Company, Inc. to make inquiries into the banking and business/trade references that you have supplied.

**SIGNATURES**

Title:  
Date:

Title:  
Date: