

=FOLEY= OIL COMPANY

281 South Main Street, P.O. Box 505
Laconia, NH 03247-0505
(603) 524-1417 / Fax (603) 524-6215

CB _____
JP _____
DP _____
SA _____

COMMERCIAL ACCOUNT APPLICATION									
COMPANY INFORMATION									
Legal Name of Firm						Type of Business			
Mailing Address			City	State	Zip	Years In Business			
Key Contact Name / Title		Area Code and Telephone Number		Fax Number		Tax ID Number			
Major Credit Card (Visa, Mastercard etc)		Credit Card Number		Expiration date		Estimated Usage			
I hereby authorize Foley Oil Company, Inc. to charge my credit card for all charges.				Signature		Date			
BANKING REFERENCE									
Name		Street Address			City	State	Zip		
Telephone Number		Bank Officer Contact Name		Loan Acct No.		Checking Account No.			
TRADE REFERENCES (EXCLUDING CREDIT CARD ACCOUNTS)									
Name	Street Address		City	State	Zip	Tel. No.	Account No.		
Name	Street Address		City	State	Zip	Tel. No.	Account No.		
Name	Street Address		City	State	Zip	Tel. No.	Account No.		
NAMES, ADDRESSES, TITLE OF OWNER(S) PARTNERS OR CORPORATE OFFICERS									
Name	Residential Street Address			City	State	Zip	Title	Social Sec No.	
Name	Residential Street Address			City	State	Zip	Title	Social Sec No.	
Name	Residential Street Address			City	State	Zip	Title	Social Sec No.	
CREDIT TERMS & POLICIES									
1. All payments must be paid from invoices within 10 days of delivery.									
2. Payments received after 10 days WILL NOT be eligible for any applicable discounts.									
3. Service will be discontinued for any account not paid timely, returned checks, or for any credit card that is rejected.									
AUTOMATIC DELIVERY SERVICE WILL BE SUSPENDED UNTIL ACCOUNT BALANCE HAS BEEN PAID SATISFACTORILY.									
4. Any account with a balance over 30 days will be assessed a finance charge of 1.5% (one and a half percent) monthly.									
This reflects an ANNUAL PERCENTAGE RATE OF 18%.									
5. Payments made by credit card may incur a surcharge.									
6. A \$25.00 charge will be applied to the account for any check returned by the bank or any declined credit card.									
CUSTOMER SIGNATURE				SECOND SIGNATURE, IF REQUIRED					
Signature				Date		Signature		Date	
Name (Please Print or Type)				Name (Please Print of Type)					
Title				Title					