



# Commercial Credit Application



## BUSINESS CONTACT INFORMATION

Name:		Title:	
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

## BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:		State:	ZIP Code:
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account	Account number		
Savings			
Checking			
Other			

## 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

I hereby authorize Company or any credit bureau or other investigative agency employed by Company to investigate the references herein listed or statements or other data obtained from me or any other person pertaining to my credit and financial responsibility. In consideration of the extension of credit by Company to us, we agree to promptly pay all bills in accordance with the terms expressed on the invoice. We further agree that if the merchandise ordered shall remain unpaid past the due date, shall bear interest at the rate of 1 ½% per month until paid. In the event that any suit or action is instituted to collect money due on our account, whether principal or interest or both, we agree to pay, in addition to the amount owed, all legal fees and collection agency fees incurred, including a reasonable sum for attorney's fees.

## SIGNATURES

Title:	Title:
Date:	Date:

PLEASE COMPLETE CREDIT APPLICATION, BLANKET RELEASE  
EXEMPTION CERTIFICATE AND GUARANTEE

**PERSONAL GUARANTEE**

I/We, \_\_\_\_\_

For and in consideration of your extending credit at my/our request to \_\_\_\_\_  
(Guarantor(s) Company Name)

Hereby personally guarantee to you the payment of any obligation of the above company, and I/we hereby agree to bind myself/ourselves to pay you on demand any sum, which may become due to you by the company whenever the company shall fail to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the company. I/we do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed. If the credit is granted, it is understood to be under the terms set forth on credit application.

Guarantor: \_\_\_\_\_ SS# \_\_\_\_\_  
Print Name  
\_\_\_\_\_  
Signature of above individual Date: \_\_\_\_\_  
(Must Agree with Notary)  
\_\_\_\_\_  
Home Address Phone: (\_\_\_\_\_) \_\_\_\_\_

Guarantor: \_\_\_\_\_ SS# \_\_\_\_\_  
Print Name  
\_\_\_\_\_  
Signature of above individual Date: \_\_\_\_\_  
(Must Agree with Notary)  
\_\_\_\_\_  
Home Address Phone: (\_\_\_\_\_) \_\_\_\_\_

Above signatures to be notarized

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

I CERTIFY that on \_\_\_\_\_, 20\_\_\_\_\_,  
\_\_\_\_\_ personally came before me and acknowledged  
under oath, to my satisfaction, that this person (or if more than one, each person):  
(a) is named in and personally signed this document; and  
(b) signed, sealed and delivered this document as his or her act and deed.

NOTARY SEAL

\_\_\_\_\_  
(Notary Public)

Notary Stamp  
With Expiration Date:



## REQUEST FOR CREDIT REFERENCE

This form is used by Company to request credit information from the applicant's other trade references.

Date: \_\_\_\_\_

To: \_\_\_\_\_

Attn: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_

\_\_\_\_\_

Re: Account Number \_\_\_\_\_

The above account has recently applied to our firm for credit and listed your company as a credit reference. Please, per the attached copy of Authorization, provide us the following so that we may have adequate information on which to issue credit:

High Credit:

\$ \_\_\_\_\_

Terms:

\_\_\_\_\_

Current Balance:

\$ \_\_\_\_\_

Payment History:

\_\_\_\_\_

Any other credit information you believe helpful may be noted below and shall be held in confidence.

\_\_\_\_\_

We are always pleased to reciprocate. Please scan and email to \_\_\_\_\_.

Sincerely,

\_\_\_\_\_



## AUTHORIZATION TO RELEASE CREDIT INFORMATION

**Date:** \_\_\_\_\_ (Ludwig Propane to complete)

**To:** \_\_\_\_\_ (Ludwig Propane to complete)

**Company Name and Address:** (Ludwig Propane to complete)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please be advised I have a credit account with your company and hereby request that a report of my credit history with you be forwarded to Ludwig Propane at \_\_\_\_\_ (contact name) \_\_\_\_\_ (address) \_\_\_\_\_ (email) \_\_\_\_\_ (fax number)

You may consider this letter as my authorization to release this information. Thank you for your anticipated cooperation.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**SSN or EIN:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Signature of Joint Applicant (if any):** \_\_\_\_\_

**Name of Account:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_



**AUTHORIZATION FORM**

I would like my orders processed by:  
(Check all that apply)

\_\_\_\_\_ Contract billing

\_\_\_\_\_ Purchase order number

\_\_\_\_\_ Authorized signature

Signatures and title accepted:

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Officer signature & title

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Date