



**CLIFFORD FUEL CO., INC.
STATION CHARGE ACCOUNT APPLICATION**

1). The undersigned applicant/buyer (“Applicant”) represents that the information given in this application is complete and accurate and authorizes Card issuer to check with credit reporting agencies, credit references and other sources disclosed to confirm information given. 2). Applicant requests a charge account, if approved for credit, and one or more charge cards from the card issuer. 3). Applicant agrees to the terms and conditions set forth in the Charge Account Agreement. Use of any card issued pursuant to this application confirms Applicant’s agreement to said terms and conditions. 4). If this Account is for a partnership or a proprietorship, a partner or principal must sign this application and the undersigned’s personal credit will be used in making a credit decision and they hereby authorize Card issuer to obtain a consumer credit report. 5). Applicant agrees that in the event the account is not paid as agreed, Card issuer may report the undersigned’s liability for and the status of the account to credit bureaus and others who may lawfully receive such information.

BUSINESS CREDIT INFORMATION

Full Legal Company Name of Applicant/Buyer _____		Phone # _____	Fax # _____
Company Name to Appear on Account _____		E-Mail Address _____	
DBA or AKA _____	Subsidiary of _____	Applicant’s Taxpayer ID # (TIN,FEIN or SSN) _____	
Physical Address and Phone # (Do not include PO Box) _____			Type of Business _____
Billing Contact _____	Billing Address _____	City _____	State _____ Zip+4 _____
Principal(s)/Authorized Officers(s) _____		Title(s) _____	
In Business Since (yyyy) _____	Monthly Fuel Use _____	Number of Vehicles _____	

Select One: Corporation Partnership Proprietorship PC or PA LLC

BUSINESS BANK

Primary Bank _____	Address _____	City _____	State _____	Zip+4 _____
Bank Contact Person _____	Phone # _____	Account No. _____		

TRADE REFERENCES

1. Name: _____ Phone: _____
 Address: _____ Contact: _____

2. Name: _____ Phone: _____
 Address: _____ Contact: _____

DESIGNATION OF CONTACT PERSON/RECIPIENT OF REPORTS

The Authorized Contact is designated to receive all Reports, and other such information we provide and to take actions with respect to your account and account access. This is also the person designated by your company to provide all Account Maintenance Requests.

Contact Name	Title	Phone #	Fax #	
Mailing Address (if different from billing address)		City	State	Zip+4
Email Address				

TAX EXEMPT MUNICIPALITY

Check here (Must provide written statement of municipality status & Federal ID Number)

AUTHORIZATION SIGNATURE REQUIRED

Any person signing on behalf of a business attests that the Applicant is a valid business entity, that, if applicable, the execution of this application has been duly authorized by all necessary action of Applicant's governing body, and that the undersigned is authorized to make this application on Applicant's behalf.

Signature:	Date:	Print Name:	Title:
X _____	_____	_____	_____