

SAUDER FUEL, INC.

1976 Bowmansville Road Adamstown, PA 19501

Phone: (717) 484-0900 or (717) 721-9560

Fax: (717) 484-1158

BUSINESS CREDIT APPLICATION

Company Name _____ Years in Business _____

Street Address _____ P.O. Box _____

City _____ State _____ Zip _____ Business Type _____

Phone # _____ Fax # _____ E.I.N. # _____

Email Address: _____

Sales Tax Exemption # (if applicable) _____ Accts. Payable Contact: _____

Is your company a... Corporation Partnership Sole Proprietorship
(If your company is a partnership or sole proprietorship, please complete principal information below.)

Name of principal(s):

1) _____ Title _____ SSN# _____

2) _____ Title _____ SSN# _____

Who are you currently buying from on credit terms?

1) _____ Address _____ Phone _____

2) _____ Address _____ Phone _____

3) _____ Address _____ Phone _____

Your bank name _____ Location _____ Phone _____

Credit Card # _____ - _____ - _____ Expiration Date _____ / _____
 Visa Mastercard Discover

Cardholder Name _____ Cardholder Address _____

Please circle products interested in purchasing & indicate tank size, location and delivery status you prefer:

<u>Product</u>	<u>Tank Size</u>	<u>Location</u>	<u>Will Call or Automatic Deliveries</u>
Kerosene	_____	_____	_____
Heating Oil	_____	_____	_____
Off-road Diesel	_____	_____	_____
On-road Diesel (LSD)	_____	_____	_____
Gasoline (Regular, Plus or Super)	_____	_____	_____

Please note: If automatic delivery service is requested, please call our office to arrange a delivery schedule.

ACKNOWLEDGEMENT/AUTHORIZATION: I acknowledge that all information on this application is accurate and valid. I authorize designated fuel deliveries to be charged to the above credit card account.

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

