
Corporate Credit Application



Corporate Accounts

*Use Adobe Reader 11 or higher, fill-out form and save. If you do not have Adobe Reader
click below to download.*

APPLICATION FOR CREDIT- CORPORATE

CHARDON OIL COMPANY, INC.

420 WATER ST. CHARDON, OH 44024-1208
(440) 285-7711

FAX: (844)269-6443

1590 W. JACKSON ST. PAINESVILLE, OH 44077-1310
(440) 357-6762

DATE: _____

CORPORATION NAME: _____ PHONE NUMBER: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ COUNTY: _____

OFFICERS:

NAME	ADDRESS	BIRTHDATE	SOCIAL SEC. #
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

STATUTORY AGENT:

NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DATE OF INCORPORATION; _____ MAIN BUSINESS ACTIVITY: _____

DO YOU USE PURCHASE ORDER? _____ ARE YOU TAXE EXEMPT? _____ (IF YES PLEASE PROVIDE EXEMPTION CERT.)

DO YOU HAVE A VENDORS LICENSE? _____ IF YES VENDORS LICENSE #: _____

MONTHLY CREDIT LIMIT REQUESTED: _____

BUSINESS CREDIT REFERANCES:

NAME	ADDRESS	TELEPHONE#
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

TERMS: PAYMENT IS DUE IN FULL THE 10TH OF THE MONTH FOLLOWING PURCHASE. A 1 ½% FINANCE CHARGE/ MONTH ADDED ON ALL BALANCES NOT PAID BY THE 25TH OF THE MONTH FOLLOWING PURCHASE (OR MINIMUM OF .50 CENTS FOR A BALANCE UNDER \$500.00). ANNUAL PERCENTAGE RATE 18%. THE ACCOUNT WILL BE OPENED IN THE NAME OF THE CORPORATION AND ITS OFFICER'S AND EACH WILL BE HELD LIABLE FOR PAYMENT. A RETURNED CHECK ITEM WILL BE SUBJECT TO A \$30.00 FEE PER RETURN.

THE UNDERSIGNED WARRANTS THAT THE ABOVE STATEMENTS ARE TRUE AND ACCEPTS THE TERMS AS STATED ABOVE.

NAME:	TITLE:
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____

IF FAXED PLEASE SEND ORIGINAL COPY BY MAIL. THANK YOU.

CONTINUING PERSONAL GUARANTEE OF CORPORATE OBLIGATION

IN CONSIDERATION OF, AND AS A FURTHER INDUCEMENT TO CHARDON OIL COMPANY, INC. TO SELL FUEL OIL, GASOLINE, AND/ OR RELATED PRODUCTS AND SERVICES TO: _____

I / WE PERSONALLY GUARANTEE(S) PAYMENT FOR ALL SUCH PRODUCTS AND SERVICES PROVIDED TO:

_____, BY CHARDON OIL COMPANY, INC. AFTER THE DATE HEREOF. THIS GUARANTEE IS A CONTINUING GUARANTEE AND SHALL APPLY TO ANY FUEL, GASOLINE, AND/ OR RELATED PRODUCTS AND SERVICES SOLD TO: _____, ITS SUBDIVISIONS, AND/ OR SUCCESSORS AND ASSIGNS BY NAME CHANGE.

DATED: _____

_____, INDIVIDUALLY

_____, INDIVIDUALLY

Save PDF below.

Email completed form to our company below.

OR

Fax completed form to us at (844)269-6443