

BAYGAS PROPANE
2694 CALDER DRIVE
LEAGUE CITY, TX 77573
wells_propane@outlook.com

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FAX: (281) 554-5323
www.baygaspropane.com

COMMERCIAL CREDIT APPLICATION

NAME OF FIRM _____ PHONE: _____

BILLING ADDRESS: _____

EMAIL ADDRESS: _____ FAX: _____

DELIVERY ADDRESS: _____

TYPE OF BUSINESS: () SOLE PROPRIETORSHIP () PARTNERSHIP () CORPORATION

NAME OF OWNER OR PARTNER: _____ PHONE: _____

ADDRESS: _____

IF BUSINESS IS A CORPORATION, COMPLETE THE FOLLOWING:

DATE OF INCORPORATION: _____ STATE INCORPORATED _____

REGISTERED AGENT: _____ PHONE: _____

REGISTERED AGENT ADDRESS: _____

NAME AND TITLE OF OFFICER: _____ PHONE: _____

HOME ADDRESS: _____

NAME AND TITLE OF OFFICER: _____ PHONE: _____

HOME ADDRESS: _____

REFERENCES: NAME, ADDRESS, TELEPHONE & ACCOUNT NUMBER

I (name), _____, representing (company) _____

Release and waive all claims or liabilities against the references I have listed above or its employees which arise out of, or are in any way connected with, the release of credit information to which I have consented.

CHARGE ACCOUNT POLICY: Payment due by the 10th day of the month. A 10% late fee will be assessed after 30 days. All accounts that are over 45 days will be removed from the charge list and put on the COD ONLY list. At 60 days, all accounts that are past due will be turned over for collection. If the account has a lease tank and is over 60 days past due, the tank will be picked up and any remaining product will be lost.

DISCREPANCIES: All billing errors must be reported to BAYGAS PROPANE in writing no later than 5 days from the date of the statement. If an employee is no longer authorized to charge on the account, you must notify BAYGAS PROPANE in writing as soon as possible or you will be responsible for all charges.

I HAVE READ AND UNDERSTAND THE GENERAL TERMS AND CONDITIONS OF SALE FROM BAYGAS PROPANE

SIGNATURE: _____ DATE: _____

NAME (PRINT) _____ TITLE: _____