NEW ACCOUNT FORM & CREDIT APPLICATION

WESTERN PROPANE SERVICE

Instructions: Please complete form in its entirety; you may attach an additional sheet with trade reference and credit information if necessary.

Toll Free Number (855) WPS-4YOU
Return Fax Number (805) 346-1389

GENERAL BUSINESS INFORMATION

Applicant Name:		Contact Person:	
Billing Address:		Shipping Address:	
City: State: Zip:		City: State: Zip:	
Telephone #	Fax #		Federal EIN:
Purchase Tax Exempt? **Yes** or **No** (Please Circle One)	Resale # (Please attach resale card)	Will you be using cylinders? **Yes** or **No** (Please circle One)	

☐CORPORATION ☐PARTNERSHIP ☐SOLE PROPRIETOR ☐INDIVIDUAL

Nature of Business:	Estimated Annual Purchases:	Years In Business:	
If Subsidiary, Division of:	City: State: Zip:		Telephone #

PRINCIPLES/OFFICERS

NAME	TITLE	SOCIAL SECURITY #	DRIVERS LICENSE #
1			
2			
3			

TRADE REFERENCES

Name:	City:	State:	Zip:	Telephone #
Name:	City:	State:	Zip:	Telephone #
Name:	City:	State:	Zip:	Telephone #

TERMS AND CONDITIONS

CONDITIONS: Each item set forth in the Credit Application is warranted to be true and is given for the purpose of obtaining credit for the Applicant from Western Propane Service. In consideration of the said extension of credit, the applicant, and the undersigned, individually, jointly and severally agree to pay all invoices for purchases made by Applicant, and all invoices for demurrage and services incurred by Applicant Net Cash, 30 days from date of invoice (shipment). All payments are to be made to Western Propane Service, as indicated on the invoice. The undersigned individually represents to Western Propane Service, that the undersigned; is either an owner, stockholder, partner, officer, or director of the Applicant and has the authority to bind the Applicant and the undersigned, jointly and severally, by the execution of the Credit Application. The Applicant and the undersigned further agree that in the event Western Propane Service employs an attorney in order to secure payment of any sums allegedly due it from Applicant and the undersigned or in the event legal action is instituted to effect collection of any alleged unpaid balance pertaining to the corporation, all costs of collection, Courts costs and a reasonable attorneys fee in addition to all other sums allegedly due.

TERMS: Net 30 days from the date of the invoice (shipment). Accounts over 30 days are subject to a FINANCE CHARGE of 1.5% per month which is an ANNUAL PERCENTAGE RATE OF 18%. The undersigned, and each of them that the terms and conditions set forth above, have been carefully read and agree to bound thereby.

Executed at _____ ***on this*** _____ ***day of*** _____ ***(year)***

Authorized Signature	***Print Name***	***Title***	***Date***

BANK REFERENCE

Bank Name	Branch Name / Location
Contact Name & Telephone #	Account # Account #

To Whom it May Concern: We authorize you to release balance and credit information to Western Propane Service.

Authorized Signature	Printed Name	Date