



CREDIT APPLICATION

REQUESTED CREDIT LIMIT: _____

NAME ("Customer"): _____ **FEIN OR SS#:** _____

NAME UNDER WHICH BUSINESS IS OPERATED: _____

PHYSICAL ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

BILLING ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

TELEPHONE NO.: _____ **CREDIT CONTACT:** _____ **GENERAL FAX NO.:** _____

TAX CONTACT: _____ **INVOICE FAX NO.:** _____ **A/P CONTACT:** _____

E-MAIL NOTIFY ADDRESS: _____ **CONTRACT / PRICE CONTACT:** _____

PRICE NOTIFICATION: _____ **FAX NO.:** _____ **DTN TID#:** _____

ORGANIZATION: Corporation Gen. Partnership Ltd. Partnership LLC Individual Other: _____

STATE OF INCORPORATION OR ORGANIZATION: _____ **YEAR:** _____ **Year Present Ownership Commenced:** _____

OWNER(S), STOCKHOLDERS, PARTNERS: _____

OFFICERS: _____

ASSOCIATED OR AFFILIATED ENTITIES: _____

FINANCIAL DATA REQUIRED: TWO MOST RECENT FISCAL YEAR END COMPANY FINANCIAL STATEMENTS. (Statements should include Accountant's Report, Balance Sheet, Income Statement, Statements Of Cash Flows, and Accountant's Notes). **FISCAL YEAR END (month/day/year) _____**

BANK REFERENCES:

(1) **NAME:** _____ **ACCOUNT #:** _____ **CONTACT:** _____
TELEPHONE NO.: _____ **FAX:** _____ **EMAIL:** _____

(2) **NAME:** _____ **ACCOUNT #:** _____ **CONTACT:** _____
TELEPHONE NO.: _____ **FAX:** _____ **EMAIL:** _____

***TRADE REFERENCES: (Please list Petroleum Suppliers)**

(1) **NAME:** _____ **ACCOUNT #:** _____ **CONTACT:** _____
TELEPHONE NO.: _____ **FAX:** _____ **EMAIL:** _____

(2) **NAME:** _____ **ACCOUNT #:** _____ **CONTACT:** _____
TELEPHONE NO.: _____ **FAX:** _____ **EMAIL:** _____

*IKON FUELS LLC is authorized to contact any and all bank and trade references with which the applicant conducts business (currently or in the future). Representatives of said bank and trade references are authorized to release to IKON FUELS LLC any and all information pertaining to the account(s) of applicant. The undersigned warrants that all information provided herein, and/or herewith, including information contained in financial statements provided in conjunction herewith, is true and correct, acknowledges that IKON FUELS LLC intend to rely upon the same in determining whether or not to extend credit to applicant, warrants that there has been no material change in the financial position of the applicant since the date of said financial statements and that there has been no omission of material facts or information that would be significant in evaluating the applicant's creditworthiness. The representations herein and provided herewith are acknowledged as being continuing and ongoing and the undersigned warrants and covenants that he/they will immediately notify IKON FUELS LLC, in writing via overnight courier, in the event there are any material changes. In the event credit is established, the undersigned accepts and agrees to be bound by IKON FUELS LLC General Terms and Conditions (GTC) currently in effect.

Authorized Signature: _____ **Title:** _____ **Date:** _____

Print or Type Name: _____

***FUNDS TRANSFER AUTHORIZATION AGREEMENT** - Customer authorizes IKON FUELS LLC (IKON™) to initiate debit and/or credit entries to customer's checking account indicated below, for the payment/refund of any amounts to which IKON becomes entitled pursuant to any contracts between IKON and Customer, related to the purchase/sale of Petroleum Products and or LPG and Natural Gas; and does further authorize the depository institution named below to debit/credit such entries to the Customer(s) account. This authority shall remain in effect until terminated upon (15) days written notice via overnight courier by either Customer or IKON. Notice of termination shall in no way affect debit/credit entries initiated prior to actual receipt of notice. All credit and other terms and requirements between Customer and IKON remain in effect.

Bank Name _____ Branch _____ City _____ State _____ Zip _____

Routing and Transit Number _____ Account Number _____ Bank Contact _____ Telephone _____

DTN TID #: _____ FAX #: _____ PRINTER #: _____

ATTACH A VOIDED CHECK OR BANK CONFIRMATION LETTER

Authorized Signature: _____ **Title:** _____ **Date:** _____

Print or Type Name: _____

