



# Santa Buckley Energy Inc.

PO Box 1141  
Bridgeport, CT 06601-1141

Tel: 800-739-1852  
Fax: 203-367-2412

PLEASE PRINT NEATLY

## APPLICATION FOR CREDIT

Date of Application: \_\_\_\_\_

<b>Contact Information</b>					
FIRM'S LEGAL NAME:		TRADE NAME/DBA:			
STREET ADDRESS:		CITY:	STATE:	ZIP:	
MAILING ADDRESS:		CITY:	STATE:	ZIP:	
PRIMARY PHONE:		FAX:			
A/P CONTACT NAME:		A/P PHONE:	A/P EMAIL:		
<b>Business Information</b>					
TYPE OF BUSINESS:		DATE STARTED:	FED TAX ID #:		
BUSINESS STRUCTURE:		SOLE PROPRIETOR: <input type="checkbox"/>	PARTNERSHIP: <input type="checkbox"/>	LLC: <input type="checkbox"/>	C-CORPORATION: <input type="checkbox"/>
LAST YEAR'S SALES: \$		CURRENT YEAR'S ESTIMATED SALES: \$			
<b>Owner/Officer Information</b>					
FULL NAME	TITLE	HOME STREET ADDRESS/CITY/STATE/ZIP	EMAIL ADDRESS	SOC SECURITY #	
<b>Asset Information</b>					

MAIN PROPERTY ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OWN:  MO. MORTGAGE PAYMENT: \$ \_\_\_\_\_ TOTAL MORTGAGE: \$ \_\_\_\_\_ MORTGAGE HOLDER: \_\_\_\_\_

ESTIMATED PROPERTY VALUE: \$ \_\_\_\_\_ PHONE: \_\_\_\_\_

RENT:  MONTHLY RENT: \$ \_\_\_\_\_ LANDLORD: \_\_\_\_\_ PHONE: \_\_\_\_\_

OTHER ASSETS DESCRIPTION: \_\_\_\_\_ ASSOCIATED ESTIMATED VALUE: \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

FINANCIAL STATEMENTS ATTACHED:  SENDING SEPARATELY:

\* TRADE REFERENCES ARE REQUIRED AND MUST BE FILLED OUT ON PAGE 2 OF THIS APPLICATION\*

<b>Product Information</b>			
PRODUCT	ESTIMATED VOLUME	PRODUCT	ESTIMATED VOLUME
GASOLINE <input type="checkbox"/>	GALLONS	HEATING OIL <input type="checkbox"/>	GALLONS
DIESEL <input type="checkbox"/>	GALLONS	PROPANE <input type="checkbox"/>	GALLONS

INTEREST CHARGES WILL ACCRUE ON INVOICES OUTSTANDING OVER THIRTY (30) DAYS FROM THE DATE OF INVOICE AT THE RATE OF 1.5% PER MONTH (18% APR)  
(TERMS ARE C.O.D. BANK CHECK UNTIL TERMS ARE APPROVED)

By signing the application below, it is agreed that if payment is not received when due and if it is placed with an attorney, or certified collection agency, for collection that the undersigned guarantor(s) will pay all costs of collection, including a sum equivalent to one-third (1/3) of the amount referred to such attorney or collection agency, which the undersigned agrees to be just and reasonable, or any other amount which a Connecticut court having jurisdiction shall determine to be just and reasonable which shall immediately be added to the amount due. This guarantee may not be altered, modified, terminated or waived orally, and shall continue in full force and effect until such time as shall be received from the undersigned written notice of revocation and such revocation shall not in any way relieve the undersigned from liability or any indebtedness incurred prior to the actual receipt of such notice at Santa Buckley Energy's office located at 154 Admiral Street in Bridgeport, CT 06695.

BY SIGNING THIS APPLICATION, I/WE HEREBY ATTEST THAT THE INFORMATION PROVIDED ABOVE IS WARRANTED TO BE TRUE. I ALSO AGREE TO ALL TERMS AND AUTHORIZE SANTA BUCKLEY ENERGY TO INVESTIGATE REFERENCES AND OTHER INFORMATION PROVIDED WITH THE INTENT OF PROVIDING CREDIT TO MY/OUR FIRM. PLEASE NOTE: WHEN FILLING OUT THE DIGITAL VERSION OF THIS CREDIT APPLICATION, TYPING YOUR NAME IS YOUR SIGNED CONSENT.

FIRM NAME: \_\_\_\_\_

BY: \_\_\_\_\_  
NAME TITLE

BY: \_\_\_\_\_  
NAME TITLE



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## TRADE REFERENCES

Please provide trade references that will similarly meet the amount of credit you are applying for, ie: for \$25,000 of credit, provide references for this amount or greater.

Reference 1			
NAME OF FIRM:		ACCOUNT #:	
CONTACT PERSON:		TITLE:	
ADDRESS:	CITY:	STATE:	ZIP:
PRIMARY PHONE:	FAX:	EMAIL:	

Reference 2			
NAME OF FIRM:		ACCOUNT #:	
CONTACT PERSON:		TITLE:	
ADDRESS:	CITY:	STATE:	ZIP:
PRIMARY PHONE:	FAX:	EMAIL:	

Reference 3			
NAME OF FIRM:		ACCOUNT #:	
CONTACT PERSON:		TITLE:	
ADDRESS:	CITY:	STATE:	ZIP:
PRIMARY PHONE:	FAX:	EMAIL:	