

Bursaw Gas and Oil
94 Great Road
Acton, Ma 01720
Phone 978-263-8752 OR 1-800-221-5224
Fax 978-263-1173
bursaw@bursawgasandoil.com
<http://www.bursawgasandoil.com>
Application For Business Gas Station Account

Company Name: _____

Billing Address: _____

Business Phone: _____ Cell Phone: _____ Years In Business: _____

Statement Preference: Mailed _____ Emailed _____ Email Address _____

State Whether: _____ Individual _____ Partnership _____ Corporation

Full Name, Home address, & Contact Number of **EACH** Individual, Partner, or Officer:

Please Provide Us With The Name, Address, And Phone Number Of **3** Credit References.

Bank Name & Address: _____

Bank Officer: _____

THE ABOVE INFORMATION IS FOR THE PURPOSE OF OBTAINING CREDIT & IS WARRANTED TO BE TRUE. I/WE HEREBY AUTHORIZE THE FIRM TO WHOM THIS APPLICATION IS MADE TO INVESTIGATE THE REFERENCES LISTED PERTAINING TO MY/OUR CREDIT & FINANCIAL RESPONSIBILITY. (Revised 5/10)

FIRM NAME: _____

SIGNATURE: _____ DATE: _____ TITLE: _____

TERMS: PAYMENT OF BALANCE DUE NET 30 DAYS FROM STATEMENT DATE.

OVERDUE BALANCE WILL ACCRUE A FINANCE CHARGE OF 18% PER ANNUM & ACCOUNT WILL BE SUBJECT TO GAS STATION SHUT-OFF.

PLEASE SEE REVERSE SIDE