



Application for Credit Card Account

DATE: _____

Company Name: _____

Bill To Address: _____

City _____

ST _____ ZIP _____ Cty _____

Ship To: _____

City _____

ST _____ ZIP _____ Cty _____

Phone (____) _____

Fax (____) _____

Email _____

Invoice by: Mail _____ Fax _____ Email _____

Residential address? Y _____ N _____

In business how long? _____

() Corporation () Sole Proprietorship

() Partnership

Type of Business – Check All That Apply

___ Propane Dealer

___ Bulk

___ Number of Bobtails

___ Cylinder Delivery

___ Cylinder Exchange

___ Dispenser Dealer

___ Showroom

___ Propane Plant Builder

___ Propane Transport

___ Propane Truck Builder

___ New

___ Repair

___ Electric Utility

___ Fuel Oil Distributor

___ Hearth or Grill Shop

___ Manufacturer

___ Natural Gas Utility

___ Rental Store

Other _____

Credit Card

MasterCard Visa Discover AmEx

_____ / _____ / _____ / _____ exp. _____

CVV: _____

Credit Card Bill To: _____

City _____ St _____ Zip _____

Taxable _____ Yes _____ No

****We are required by law to have a copy of your Sales Tax Exempt Certificate on file. Please forward with this application.***

Signature _____

Title _____

Return by email, fax or mail to:

Email AR@bergquistinc.com Fax 567-290-2799 Bergquist, Inc. Attn: Hope, 1100 King Rd., Toledo OH 43617

