



CREDIT APPLICATION

Upon completion please forward this document to paulac@littlefieldoil.com or fax to 479-646-0596

CREDIT APPLICATION AGREEMENT – PLEASE READ THE TERMS BELOW CAREFULLY

If credit is granted I/We understand that the terms of sale are _____, and that Littlefield Propane LLC may charge finance charges at 5% APR with interest on the past due balance being calculated from the date of default. In consideration of Littlefield Propane LLC extending credit to the above business, I/We do hereby jointly and individually guarantee to pay for all goods, service, and merchandise applied to me or to any of us at the above business. In the event that any accounts are placed with the collection department. I/We agree to pay all costs including reasonable attorney fees, collection fees, court costs, and financial charges. I/We agree to immediately notify Littlefield Propane LLC of any change in ownership, address, person of contact, or form of said business. This agreement shall remain enforce until written notice revocation is received by Littlefield Propane LLC. Those signing will be solely responsible for any delinquent balance. A \$50.00 fee will be charged for each returned check/ACH that we receive. Littlefield Propane LLC does report to the credit bureaus for accounts delinquent over 90 days. A copy of your latest Fiscal Year End Balance Sheet, Income Statement, and Statement of cash flows should be provided with this application. While not a requirement, the inclusion of these statements will help to insure that a line of credit is established that meets your needs. Your information will be held in strict confidence.

BUSINESS CONTACT INFORMATION

Company Name:	Date Business Started:
	AP Manager Name:
Phone Fax:	AP Manager Phone:
E-mail:	Buyer Name:
Registered company address:	Buyer Phone:
City, State, Zip:	Federal ID/SSN
Tax Exemption Number: (Attach copy of documentation)	DOB (If Sole Proprietor or Guarantor):
	Credit Amount Requested:

PERSONAL GUARANTOR INFORMATION

Name:	Phone Number:
Address:	Cell Number:
City/State/Zip:	Social Security Number:

BUSINESS/TRADE REFERENCES

Company Name:	Phone:
Address:	Fax:
City, State ZIP Code:	E-mail:
Type of Account: <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	Other:
Company Name:	Phone:
Address:	Fax:
City, State ZIP Code	E-mail:
Type of Account: <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	Other:
Company Name:	Phone:
Address:	Fax:
City, State ZIP Code:	E-mail:
Type of Account: <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	Other:



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BANK REFERENCE INFORMATION

Company Applying for Credit:
Bank Name:
Primary Business Address:
City, State ZIP Code:
Phone Number:
Bank Contact Name:

I/We authorize Littlefield Propane LLC to investigate our credit history, bank references, and any other information deemed necessary to extend credit. I/We authorize our suppliers/banks to release all pertinent credit information. I/We have read the Credit Application Agreement in its entirety and agree to the terms therein.

SIGNATURES

Name (Print):	Co-Applicant or Guarantor Name (Print):
Title:	Title:
Date:	Date
Signature:	Signature:

***** FOR BANK USE ONLY *****

ADMINISTRATIVE

Completed By:

CHECKING ACCOUNT INFORMATION

High Balance in Past 12 Months:	Has Account Ever Been Overdraft? <input type="checkbox"/> Yes <input type="checkbox"/> No
Average Balance in Past 12 Months:	If Yes, How Many Times in Past 12 Months?

LOAN INFORMATION

Does Customer Have Line of Credit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Loan Balance:
Credit Limit:	Loan Payment:
Average Credit Line Balance	High Credit:
Does Customer Have Other Outstanding Loans? <input type="checkbox"/> Yes <input type="checkbox"/> No	Late Payment history _____/30 ____/60 ____/90

Please Provide Additional Loan Information or Comments:
