



POINT BAY FUEL, INC.

HEATING AND COOLING

71 IRONS STREET, TOMS RIVER, NJ 08753

TOMS RIVER 349-5059 • FAX: 349-1788

LAKEWOOD 367-2400 • PT. PLEASANT 892-0034

www.pointbayfuel.com • email: info@pointbayfuel.com

CONFIDENTIAL CREDIT APPLICATION

The undersigned understands that the following information is being submitted for the purpose of obtaining credit and authorizes the investigation of this information through banks, credit reporting agencies and the references cited.

Company Name _____ Phone #: _____ Fax#: _____
Billing Address: _____ Delivery Address: _____

Type of Business: _____ # of Yrs. in Business: _____

Tax Exemption: () No () Yes/Attach Exemption Certificates
EIN/Federal Tax ID #: _____ Direct Payment Cert.: _____

Business Property is () Owned () Rented
If rented, name & address of owner: _____

Business is a () Corporation - State incorporated: _____
() Partnership () Proprietorship

If a **CORPORATION**, officers' name and home address:

Name _____ Title _____ SS# _____
Address: _____ () Property Owned
Phone: _____ () Property Rented

Name _____ Title _____ SS# _____
Address: _____ () Property Owned
Phone: _____ () Property Rented

Name _____ Title _____ SS# _____
Address: _____ () Property Owned
Phone: _____ () Property Rented

If a **PARTNERSHIP** or **PROPRIETORSHIP**, name and address of principals:

Name: _____ Spouse: _____
Address: _____ Phone: _____

Name: _____ Spouse: _____
Address: _____ Phone: _____

Fuel Type: _____

Projected Usage: _____

If Diesel Yard Key Account: # of Keys Needed: _____

Yard Locations: () Toms River () Pt. Pleasant () Lakewood

Trade References

Bank Name: _____	Bank	Account #: _____
Address: _____		Contact: _____
_____		Phone #: _____
		Fax #: _____

Trade References

Suppliers
(Do Not Use Current Fuel Supplier)

Name: _____	Contact: _____
Address: _____	Phone #: _____
_____	Fax #: _____

Name: _____	Contact: _____
Address: _____	Phone #: _____
_____	Fax #: _____

Name: _____	Contact: _____
Address: _____	Phone #: _____
_____	Fax #: _____

I authorize the pickup and charging of materials by:
() Purchase Order # () Phone () Fax () Other: _____

Purchasing Agent: _____ A/P Contact: _____

This is to certify that I am a(n) principal/officer in the aforementioned business and I do personally guarantee this account.

Signature: _____ SS#: _____ Date: _____

Print Name: _____

CREDIT TERMS: A finance charge will be assessed on balances over 30 days. This is computed by applying a periodic rate of 1 1/8 per month (Annual Percentage Rate of 18%) on overdue balances.

Checks returned because of insufficient funds/stopped payments/closed accounts, etc., will be assessed a flat fee of \$25.00.

Upon non-payment of the account(s) the undersigned agrees to pay the costs of collection, including court costs and attorney's fees incurred by Ft. Bay Fuel, Inc.

I/We certify that the information on this application is true and made for the purpose of obtaining credit both now and in the future.

Authorized Signature: _____ Date: _____

Print Name: _____ Title: _____

Authorized Signature: _____ Date: _____

Print Name: _____ Title: _____



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SOUTHERN OCEAN COUNTY (609) 693-6461

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Automatic Credit Card Payments

Date: _____

Account: _____

Name on Account: _____

Billing Address: _____

Dear Customer:

Please complete this form if you wish to have your payments automatically taken from your credit card.

Be sure you sign the form, as request cannot be processed without your signature.

If you have any questions please call our office at 732-349-5059.

Sincerely,

Credit Department

I wish to have charges automatically taken from my credit card and credit to the above account.

Visa **Master Card** **American Express** **Discover**

Credit Card # _____ Expiration Date _____

Name on Credit Card: _____

Signature: _____ Date: _____



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CREDIT TERMS

I, the undersigned, understand and agree to the following credit terms:

Payment for services and products is due fifteen (15) calendar days from the performance of services or delivery of products.

A finance charge will be assessed on all balances over thirty (30) days. This charge is computed by applying a rate of 1 ½% per month (Annual percentage rate of 18%) on overdue balances.

Deliveries and services may be suspended if a balance ages more than 15 days.

Checks returned because of insufficient funds, stopped payment, closed accounts, etc., will be assessed a flat fee of \$25.00.

Upon non-payment of the account(s) the undersigned agrees to pay the cost of collection, including court costs and attorney's fees incurred by Point Bay Fuel, Inc.

I, We certify that the information of this application is true and made for the purpose of obtaining credit both now and in the future.

ACCEPTANCE:

Authorized Signature

Date

Print Name

Title

Authorized Signature

Date

Print Name

Title



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NEW CUSTOMER TANK INFORMATION

PLEASE CHECK ALL PRODUCT(S) THAT APPLY

- REGULAR 87 OCTANE
- PLUS 89 OCTANE
- SUPER 93 OCTANE
- ON ROAD DIESEL FUEL ***
- OFF ROAD DIESEL FUEL
- HEATING OIL
- KEROSENE DYED

TANK INFORMATION

TANK 1

SIZE _____
 ABOVE/UNDERGROUND
 LOCATION _____
 PRODUCT _____

TANK2

SIZE _____
 ABOVE/UNDERGROUND
 LOCATION _____
 PRODUCT _____

TANK3

SIZE _____
 ABOVE/UNDERGROUND
 LOCATION _____
 PRODUCT _____

TANK4

SIZE _____
 ABOVE/UNDERGROUND
 LOCATION _____
 PRODUCT _____

***IF ON ROAD DIESEL...

SELLER-USER'S LICENSE # _____ EXP DATE _____

****IF UNDERGROUND TANK...

DEP UST REGISTRATION # _____ EXP DATE _____

PLEASE INCLUDE A COPY OF YOUR SELLER-USER'S LICENSE AND/OR UST REGISTRATION CERTIFICATE
ALONG WITH THIS FORM AND CREDIT APPLICATION