

# HIRSCHMAN

## OIL SUPPLY INC

9773 Saginaw Street PO Box 365

Reese, MI 48757

Phone 989-868-9833

Fax 989-868-3432

### Commercial Credit Application

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Delivery Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

County: \_\_\_\_\_ Twp: \_\_\_\_\_ Phone#: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Officer/Principle Name: \_\_\_\_\_

Owner's DOB: \_\_\_\_\_ Social Security#: \_\_\_\_\_ DL#: \_\_\_\_\_

Sole Proprietorship:  Partnership:  Corporation:  LLC:

<u>Bank/Trade Reference Name</u>	<u>Fax#</u>	<u>Email</u>
1. _____		
2. _____		
3. _____		

Tax Exemptions: Please include any copies of exemption certificates

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The undersigned agree(s) to reimburse Hirschman Oil Supply Inc. for any and all costs and expenses (including without limit, court costs, legal expenses, collection expenses and reasonable attorney fees.) All costs to install and remove fuel tanks will be reimbursed by the undersigned to Hirschman Oil Supply Inc. A late fee of 2% per month will be assessed to your account on all balances past due and or beyond credit terms. My signature also gives the above mentioned financial institution(s) permission to disclose any information regarding our accounts.