

New Account Application - Please fill out, sign, and send to Credit@burkeoil.com

Your Name:		Date:	
Company Name:		FID Number:	
Street Address:		City:	State:Zip:
Phone Number:		Years in business:	Years at this location:
Accounts Payable Contac		Accounts Payable Ema	ail Address:
Principal(s) / Officers In	<u>formation</u>		
Full Name:	Title:	SSN:	Home Address:
<u>References</u>			
Current Fuel or Lubricant	Suppliers, if any:		
Supplier 1:		Phone:	
Supplier 2:		DI	
Other Trade References:			
Vendor 1:		Phone:	
Vendor 2:			
Bank:	Contact:		Phone:
Account No.:		Address:	
			Phone:
Account No.:		Address:	
Most recent year-end fin	ancial statements required:		To be forwarded
Payment is required from invoice. outstanding past due balances. To account, and amounts due hereur	Accounts with balances beyond our term he undersigned agrees to pay, in the evender. The undersigned consents to the judes.	ms are subject to interruption of de ent of default, all reasonable attorn urisdiction of Massachusetts courts	liveries and/or 1.5% per month service charge on any eys' fees and the cost and expenses of collection of this for all action instituted hereunder, and agree that obtain information concerning the above statement so that
Authorized by:		Title:	
Signature:		Date:	
Ц	NFORMATION BELOW WILL	BE FILLED IN BY DENNI	S K. BURKE, INC.
Originator:	Date:Est	imated Monthly Sales (\$):	Products:
Approved Date:	Amount \$:	Terms:	Credit Manager Initials:
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