

**CREDIT APPLICATION**  
**McNeill**  
**Oil & Propane**

(910) 944-2329 • Fax (910) 944-3659  
P.O. BOX 396 • ABERDEEN, NC 28315-0396

**DATE:** \_\_\_\_\_

**NAME OF FIRM:** \_\_\_\_\_

Street and/or Building: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Kind of Business: \_\_\_\_\_

Name(s) of Officers or Owner of Firm: \_\_\_\_\_

Year Established: \_\_\_\_\_ Is Business Incorporated? Yes / No

Bank Affiliation: \_\_\_\_\_ Bank Officer: \_\_\_\_\_

Bank Account No.: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Name(s) of Authorized Buyers on this Account:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

What amount of credit would you like extended to you? \_\_\_\_\_

*Please be advised that if payments are not received in a timely manner, you will be subject to having all future orders help and your line of credit removed.*

**BUSINESS TRADE REFERENCES:**

1. Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ Account No.: \_\_\_\_\_

2. Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ Account No.: \_\_\_\_\_

3. Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ Account No.: \_\_\_\_\_

**TERMS:** *Net due upon receipt of invoice. A service charge of 1 1/2 % per month, a rate of 18% annually, will be assessed on accounts over 30 days old. The undersigned official, to induce the granting of credit to the above firm, hereby personally guarantees the company's credit.*

**Signed By:** \_\_\_\_\_

*Individually and as officer of the firm*

**For Credit Department Only**

Date Opened: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

High Credit: \_\_\_\_\_

Terms: \_\_\_\_\_

Pays When Due: \_\_\_\_\_

Other Comments: \_\_\_\_\_

Credit Limit Authorized: \$ \_\_\_\_\_

Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_