



Superior Propane

"The Friendly Fuel Company"

208 E, WASHINGTON STREET, NEWTON, IL 62448
PHONE: (618) 783-8714 • FAX: (618) 783-5214

CREDIT APPLICATION ACCOUNT SET UP FORM

INDIVIDUALS: FILL OUT STEPS 1-3 & 8. **BUSINESSES:** FILL OUT STEPS 1 & 3-8. PLEASE COMPLETE AS FULLY AS POSSIBLE TO AVOID DELAY. **SIGNATURE ON BACK REQUIRED.** WE VALUE YOUR BUSINESS AND LOOK FORWARD TO SERVING YOU. ALL INFORMATION WILL BE KEPT IN CONFIDENCE.

OFFICE USE ONLY
SUPERIOR PROPANE DEPT #
SUPERIOR PROPANE ACCT #
YOUR REP'S NAME:

1. START HERE. HOW CAN WE SERVE YOU?

*IF REQUESTING FUEL SERVICE, PLEASE COMPLETE STEP 3.

FARM SUPPLY	HOME PROPANE (LP)*	KEEP FULL	CHECK IF TANK IS ALREADY SET	LIQUID FUELS*
FEED	HOME HEATING OIL*	WILL CALL	CHECK IF IT IS A CO-OP TANK	FUEL PUMP CARD(S): HOW MANY?

CHECK IF YOU NEED A TANK. **ALL TANK SETS REQUIRE AN APPROVED CREDIT ACCOUNT.**

WHERE DID YOU HEAR ABOUT SUPERIOR PROPANE?

FRIEND/NEIGHBOR SALESPERSON WEBSITE RADIO/TV FLYER/MAILER SOCIAL MEDIA OTHER

2. INDIVIDUALS & DBAs COMPLETE THIS SECTION TO BEGIN YOUR SUPERIOR PROPANE ACCOUNT.

APPLICANT 1 (LAST, FIRST, MIDDLE) OR DBA IF APPLICABLE	SOCIAL SECURITY NUMBER	DATE OF BIRTH
<input type="text"/>	<input type="text"/>	<input type="text"/>

PRESENT ADDRESS	CITY/STATE/ZIP
<input type="text"/>	<input type="text"/>

PREVIOUS ADDRESS IF YOU HAVE RESIDED AT THE CURRENT ADDRESS FOR LESS THAN 6 MONTHS.

TELEPHONE	CELL PHONE	EMAIL	YEARLY HOUSEHOLD INCOME
<input type="text"/>	<input type="text"/>	<input type="text"/>	20-30K 50-75K

HOME INFORMATION	LANDLORD NAME	LANDLORD PHONE	30-40K 75+K
OWN RENT	<input type="text"/>	<input type="text"/>	

EMPLOYER	LENGTH OF SERVICE	CITY/ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>

APPLICANT 2 (LAST, FIRST, MIDDLE) OR DBA IF APPLICABLE	SOCIAL SECURITY NUMBER	DATE OF BIRTH
<input type="text"/>	<input type="text"/>	<input type="text"/>

PRESENT ADDRESS	CITY/STATE/ZIP
<input type="text"/>	<input type="text"/>

EMPLOYER	LENGTH OF SERVICE	CITY/ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>

NAME OF YOUR BANKING INSTITUTION	CITY/STATE/ZIP
<input type="text"/>	<input type="text"/>

NAMES ON ACCOUNT AND ACCOUNT NUMBERS

EMERGENCY CONTACT NAME	EMERGENCY CONTACT PHONE NUMBER
<input type="text"/>	<input type="text"/>

3. ARE YOU REQUESTING FUEL SERVICE? WE NEED YOUR HELP TO FIND YOU.

DESCRIPTION AND DELIVERY ADDRESS WHERE THE FUEL TANK IS OR WILL BE LOCATED IF DIFFERENT THAN APPLICANT BILLING ADDRESS

SPECIAL INSTRUCTIONS FOR OUR REPRESENTATIVE TO KNOW

SIGNATURE ON BACK REQUIRED. →

4. DO YOU SEEK AN ACCOUNT AS A BUSINESS, CORPORATION, PARTNERSHIP, LLC, OR LLP? COMPLETE THIS SECTION.

PLEASE NOTE: FINANCIALS REQUIRED FOR CORPORATE ACCOUNTS

CORPORATION NAME		PARENT COMPANY?	PLEASE PROVIDE PHONE AND FAX NUMBER	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
LIST PRINCIPLE OWNERS/PARTNERS BY NAME		TITLE		
<input type="text"/>		<input type="text"/>		
LIST PRINCIPLE OWNERS/PARTNERS BY NAME		TITLE		
<input type="text"/>		<input type="text"/>		
CORPORATION ADDRESS		CORPORATION CITY/STATE/ZIP		
<input type="text"/>		<input type="text"/>		
NAME OF BUSINESSES' BANKING INSTITUTION	ADDRESS		PHONE	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
NAME ON ACCOUNT AND ACCOUNT NUMBERS	YEARS IN OPERATION	TAX IDENTIFICATION #	WILL YOU CLAIM ANY TAX EXEMPTION?	
<input type="text"/>	<input type="text"/>	<input type="text"/>	YES: # <input type="text"/> NO	
IF LESS THAN 3 YEARS AT THIS ADDRESS, PREVIOUS ADDRESS		CITY/STATE/ZIP		
<input type="text"/>		<input type="text"/>		
NAME OF PERSONAL GUARANTOR*	SOCIAL SECURITY NUMBER OF GUARANTOR		Please submit a copy of your most recent financials in the name of this corporation. FINANCIALS ENCLOSED	
<input type="text"/>	<input type="text"/>			

*If a Business Entity requesting credit has less than \$25 million in gross sales in the prior year, a personal guarantor will be required. Please indicate the name of the personal guarantor and have this personal guarantor complete the box in section 4 AND sign below in section 8.

5. BUSINESS ENTITY, CORPORATION, LLC, OR PARTNERSHIP, PLEASE COMPLETE THIS SECTION.

WHO IS AUTHORIZED TO USE/ORDER FOR THIS ACCOUNT?	AMOUNT OF CREDIT REQUESTED?	PHONE
<input type="text"/>	<input type="text"/>	<input type="text"/>
WILL A PURCHASE ORDER BE REQUIRED? YES NO	NAME OF ACCOUNTS PAYABLE MANAGER	EMAIL
<input type="text"/>	<input type="text"/>	<input type="text"/>
PLEASE SUBMIT A COPY OF YOUR ARTICLES OF INCORPORATION WITH THE FORM. ENCLOSED		
DOES ANY PRINCIPLE OWNER OF THIS COMPANY HAVE AN OWNERSHIP INTEREST IN ANY ENTITY THAT HAS A CREDIT ACCOUNT WITH Superior Propane?		
YES NO IF YES, UNDER WHAT BUSINESS NAMES AND ACCOUNT NUMBERS? <input type="text"/>		

6. PLEASE PROVIDE THREE CREDIT REFERENCES OR SUPPLY A CREDIT REFERENCE SHEET AND FINANCIALS.

PLEASE NOTE: CREDIT CARDS AND BANKS ARE NOT CREDIT REFERENCES

NAME OF CREDITOR	TYPE OF ACCOUNT	LINE OF CREDIT/LIMIT	CURRENT BALANCE	PLEASE PROVIDE PHONE AND FAX NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. PLEASE READ LEGAL TERMS BELOW. TERMS APPLY TO ALL ACCOUNTS. PLEASE SIGN AS APPROPRIATE.

Everything I/we have stated in this application or information that I/we have submitted with this application is accurate and true. If Co-Alliance, LLP receives an insufficient funds check and/or electronic payment (ACH) from the account holder the following applies: I/we agree to pay the balance due and in addition all applicable FINANCE CHARGES and a \$27.50 SERVICE CHARGE which I/we hereby agree to pay in accordance to all terms and conditions in which I/we are notified from time to time, including but not limited to periodic statements sent to me setting forth the outstanding obligations I/we have to you. In the event judicial proceedings are commenced to collect sums owed on their account, all parties agree that such proceedings shall be venued in Illinois, and all parties hereby consent to the jurisdiction of the State Courts of the State of Illinois. I/We hereby agree to pay all attorney fees and court costs if this account is referred to attorneys for collection. If a Finance Charge is added, it is computed on the Average Daily Balance noted on the face of your statement at a periodic rate of 1.75% per month, which is an annual percentage rate of 21% or the highest prevailing rate provided by law. By electronically signing, I authorize Co-Alliance to investigate my credit record and report to proper persons and bureaus my performance of this agreement and to answer any questions about their credit experience with me. I authorize Co-Alliance to release this application to my bank in order to obtain a bank reference. **See future billing statements and this website for updates to these terms and conditions and other important information regarding your home heating account and needs.**

8. LAST STEP! SIGN HERE

Application will not be processed without signature and legibly printed name. Incomplete applications will be returned. Signature indicates you have read and agree to all terms and conditions.

For individuals or DBA applicants:

Applicant Signature _____ Date _____
 Printed Name _____
 Co-Applicant Signature _____ Date _____
 Printed Name _____

For Business Entity (i.e. Corporation, Limited Liability Corp, Partnership, etc.) and Personal Guarantor:

Authorized Signature _____ Date _____
 Printed Name _____
 Title _____ Date _____

Thank you! Return this printed form to your branch or the address/fax number provided on the front page. If you completed the form electronically, print, sign, and return. For your protection, the electronic version cannot be filed via e-mail. It must be signed by hand and returned to Superior Propane.