



Aladdin Fuel Service, Inc. | 806 Montauk Highway | PO Box 729 | Bayport, NY 11705

**CREDIT APPLICATION FOR CORPORATION OR COMPANY**  
**ACCOUNT INFORMATION**

Account No. \_\_\_\_\_ ( ) Own ( ) Rent Date \_\_\_\_\_

Purchaser \_\_\_\_\_ HOW LONG IN BUSINESS \_\_\_\_\_ YEARS

Mailing Address \_\_\_\_\_ Zip \_\_\_\_\_

Delivery Address \_\_\_\_\_ Zip \_\_\_\_\_

**TELEPHONE NUMBER** \_\_\_\_\_ **EMPLOYER ID NO.** \_\_\_\_\_

\*Ownership of property in the name of \_\_\_\_\_

Mortgagee Name \_\_\_\_\_

Mortgagee Address \_\_\_\_\_

Previous Address \_\_\_\_\_

If less than 3 years

**BANK REFERENCES**

**NAME** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_ **ACCT. NO.** \_\_\_\_\_

**NAME** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_ **ACCT. NO.** \_\_\_\_\_

**TRADE REFERENCES**

1) **NAME** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_ **TEL.** \_\_\_\_\_

2) **NAME** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_ **TEL.** \_\_\_\_\_

3) **NAME** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_ **TEL.** \_\_\_\_\_

**IF CORPORATION — LIST OFFICERS**

Name	Home Residence	Office
_____	_____	President
_____	_____	Vice President
_____	_____	Secretary
_____	_____	Treasurer

**OFFICERS, PARTNERS OR OWNERS PERSONAL CREDIT INFORMATION**

Please Print \_\_\_\_\_

LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
Present Address _____	NO. STREET _____	CITY _____	STATE ZIP _____ HOW LONG _____
Previous Address _____	NO. STREET _____	CITY _____	STATE ZIP _____ HOW LONG _____

Please Print \_\_\_\_\_

LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
Present Address _____	NO. STREET _____	CITY _____	STATE ZIP _____ HOW LONG _____
Previous Address _____	NO. STREET _____	CITY _____	STATE ZIP _____ HOW LONG _____

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To: ALADDIN FUEL SERVICE  
806 Montauk Highway  
Bayport, New York 11705

Dated \_\_\_\_\_

Re: (property address) \_\_\_\_\_

I (We) hereby authorize the ABOVE COMPANY or its representative, to make fuel oil deliveries on an (check one): ( ) Automatic Delivery Basis, ( ) Will Call Basis, to the above mentioned premises. I (We) understand that "Will Call" orders must be called into your office 48 hours in advance of desired delivery time. I (We) understand that with "Automatic Delivery" we shall receive fuel oil deliveries on an automatic basis, (based on seasonal degree days), provided that there is no balance due at that time, current budget account excluded.

It is also agreed that if payment is not received when due and if it is placed with an attorney, or certified collection agency, for collection that the undersigned guarantor(s) will pay to you all costs of collection, including a sum equivalent to one-third (1/3) of the amount referred to such attorney or collection agency, which the undersigned guarantor(s) agrees to be just and reasonable, or any other amount which a court having jurisdiction shall determine to be just and reasonable, which shall be immediately added to the amount due. This guarantee may not be altered, modified, terminated, or waived orally, and shall continue in full force and effect until such time as you shall receive from the undersigned written notice of revocation and such revocation shall not in any way relieve the undersigned from liability for any indebtedness incurred prior to the actual receipt by you at your office at ABOVE ADDRESS, of such notice; and the signed registry return receipt card shall be the best evidence thereof.

It is also understood, that for value received and the further consideration of any credit that you may extend to the premises mentioned in this agreement, the undersigned does(do) hereby guarantee the full and prompt payment to you of all indebtedness which the said person or corporation has heretofore incurred or does hereafter incur for the purchase of merchandise and or labor charges from the ABOVE COMPANY, or its authorized representative.

**ALL ACCOUNTS WITH A BALANCE OVER THIRTY (30) DAYS, PAST DUE WILL BE CHARGED A HANDLING CHARGE OF ONE AND ONE HALF PERCENT PER MONTH (1½%) WHICH IS EQUAL TO EIGHTEEN PERCENT (18%) PER ANNUM.**

**PLEASE READ CAREFULLY BEFORE SIGNING  
READ BOTH SIDES . . . LEAVE NO BLANKS  
(If not applicable - write N/A -- If unknown write - UNK)**

I (We) hereby certify that I (We) have read this form thoroughly on both sides and accept its conditions, and further state that all information supplied by me (us) is true in fact and intent.

Corporation Signs Here

Individual Signs Here

Corporate name \_\_\_\_\_

Applicant \_\_\_\_\_

1st Officer \_\_\_\_\_

Spouse or \_\_\_\_\_

2nd Officer \_\_\_\_\_

Co-Applicant \_\_\_\_\_

The above agreement is accepted

By:

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_

Name and Title

**Complete this form, make a copy for yourself, mail original to us at the above address.**

*Call for any assistance needed to comple this form at 631-472-0024*