

## New Account Application - Please fill out, sign, and send to <a href="mailto:Credit@burkeoil.com">Credit@burkeoil.com</a>

Your Name:		Date:		
Company Name:		FID Number:		
Street Address:		City:	State:Zip:	
Phone Number:		Years in business:	Years at this location:	
Accounts Payable Contact: <u>Principal(s) / Officers Information</u>		Accounts Payable Em	Accounts Payable Email Address:	
	Title:	SSN:	Home Address:	
References				
Current Fuel or Lubricant S	Suppliers, if any:			
Supplier 1:		Phone:		
Supplier 2:		DI		
Other Trade References:				
Vendor 1:		Phone:		
			Phone:	
Account No.:		Address:		
			Phone:	
Account No.:		Address:		
	ncial statements required:		To be forwarded	
Payment is required from invoice. A outstanding past due balances. The account, and amounts due hereund	accounts with balances beyond our te e undersigned agrees to pay, in the eveler. The undersigned consents to the	rms are subject to interruption of d vent of default, all reasonable attor jurisdiction of Massachusetts court	ue according to terms of sale; which are net 10 days. eliveries and/or 1.5% per month service charge on any neys' fees and the cost and expenses of collection of this s for all action instituted hereunder, and agree that obtain information concerning the above statement so that	
Authorized by:		Title:		
Signature:		Date:		
<u>IN</u>	FORMATION BELOW WILL	BE FILLED IN BY DENN	IS K. BURKE, INC.	
Originator:	Date:Es	timated Monthly Sales (\$):	Products:	
Approved Date:	Amount \$:	Terms:	Credit Manager Initials:	

















