# BUSINESS CREDIT APPLICATION

## 

## Applicant Information

|  |  |  |
| --- | --- | --- |
| Name: | | |
| Trade Name (if any): | | |
| Type of Business: | Years of Operation: | No. of Employees: |
| Business Location Address: | | |
| Business Mailing Address: | | |
| Telephone Number: | Fax Number: | |
| Email Address:প | | |
| Partnership [ ] | Corporation [ ] | Sole Proprietor [ ] |

Principal Officers

|  |  |
| --- | --- |
| Name | Position |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Business Credit References: (Local Business Preferable)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Supplier’s Name | | | Telephone & Fax Numbers | |
|  | | | (t) | (f) |
|  | | | (t) | (f) |
|  | | | (t) | (f) |
| Current Fuel Supplier: | | | | |
| Approximate credit limit required: | | $ (Per month) | | |
| Estimated monthly fuel purchases (gallons): | | | | |
| Gasoline | Diesel | | Lubes | Other |
| RECENT FINANCIAL STATEMENTS ARE REQUIRED WHERE MONTHLY PURCHASES ARE TO EXCEED $5,000. ALSO, PLEASE SUBMIT A CURRENT BUSINESS LICENSE WITH APPLICATION. | | | | |

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## Bank Reference(s)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Bank | Type of Account | Account Number | | |
|  |  | Checking [ ] Savings [ ] |  | |
|  |  | Checking [ ] Savings [ ] |  | |
|  |  | Checking [ ] Savings [ ] |  | |
| Authorization to Release Information  The undersigned authorized the above credit references to disclose financial information as requested by IP&E Guam, in connection with his application for credit with IP&E Guam and its applicable companies. A copy or facsimile of this form shall be deemed acceptable to you as proof of my (our) authorization. | | | | |
| Applicant: | Date: | | | |
| Company | Title | | | |
| Printed Name | Signature | | | |
| Are company officers prepared to sign personal guarantees if deemed necessary? | | Yes | | No |
| Under penalties of perjury, the undersigned declares that the statements herein are true and correct to the best of my/ our knowledge. | | | | |
| Authorized Representative( s) Print Name and Title | Signature | Date | | |
| PLEASE COMPLETE AND SIGN ALL THE ABOVE INFORMATION PRIOR TO SUBMISSION | | | | |

For Office Use Only

|  |  |
| --- | --- |
| Received by: | Date: |
| Reference: | |
| Notes / Comments: | |