



TOWNSEND GAS & OIL

1740 Old Route 119 South
Homer City, PA 15748

Office 724-479-9233
Fax 724-479-9243

Credit Application

PLEASE PRINT, APPLICATION MUST BE SIGNED WHERE INDICATED

Business Name _____

Mailing Address: Street _____

City _____ State _____ Zip _____

Telephone # _____ FAX # _____

Name of Company Officer(s) [If Applicable]

Name _____ Position _____ Social Security # _____

Name _____ Position _____ Social Security # _____

Accounts Payable Contact _____ Phone # _____

Name of Bank / Financial Institutions:

1. _____

2. _____

3. _____

Name of businesses you have established credit with. (Do not include major credit cards.)

1. _____ Phone # _____

2. _____ Phone # _____

3. _____ Phone # _____

Social Security Number or Federal ID Number _____

If you are TAX EXEMPT, please provide a completed tax exemption form with this credit application.

I hereby authorize Townsend Gas & Oil, Inc. to use the above information for verification purposes.
I accept the payment terms of 30 days and a finance charge of 1.5% monthly, 18% per year on all unpaid balances.

Signature of Applicant _____ Date _____