

Application for Credit

Santa Fleet Services | P.O. Box 1141 | Bridgeport, CT | 06601
 Phone: 203-362-3332, ext. 1387 | Fax: 203-367-2412

Date: _____

Firm Name _____ Tradename _____

Street Address _____ Phone _____

City _____ State _____ Zip _____

Organization: Proprietorship Partnership Corporation Fed. EIN# _____

How Long in Business: _____ Terms Requested: _____

Full Names & Home Addresses of Individuals or Officers	Name	Title	Home Address	Soc. Security#

Estimated Monthly Gallonage: Diesel _____ Gasoline _____

Type of Business _____ Date Started _____

BANKS:	Name	Street Address/City	Phone	State

(Present Suppliers) TRADE:	Street Address/City	Phone	State

INTEREST CHARGES WILL ACCRUE ON INVOICES OUTSTANDING OVER THIRTY (30) DAYS FROM DATE OF INVOICE AT THE RATE OF 1.5% PER MONTH (18% APR).
(TERMS ARE C.O.D. BANK CHECK UNTIL CREDIT TERMS ARE APPROVED.)

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 our office at 154 Admiral Street, Bridgeport, Connecticut 06605, of such notice; and the signed registry return receipt card shall be the best evidence thereof.

THE ABOVE INFORMATION IS FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE. I / WE HEREBY AUTHORIZE THE FIRM TO WHOM THIS APPLICATION IS MADE TO INVESTIGATE REFERENCES LISTED PERTAINING TO MY/OUR CREDIT AND FINANCIAL RESPONSIBILITY.

FIRM NAME _____
BY _____
NAME TITLE
BY _____
NAME TITLE

(TURN OVER TO COMPLETE FUEL CARD REQUIREMENT FORM ON OTHER SIDE.)

Fuel Card Requirement Form

DRIVER NAME OR VEHICLE DESCRIPTION	ODOMETER	ON-SITE MANUAL ENTRY	GALLON LIMIT	FUEL REQUIREMENTS	ON-SITE OIL	HOURS TO FUEL	DAYS TO FUEL
Ex. Tractor 101	Yes	Yes	75 gal.	Diesel	Yes	6AM - 6PM, 5AM - 8PM 24 HRS., OTHER	M - F, M - SAT. ALL, OTHER
1						6AM - 6PM, 5AM - 8PM 24 HRS., OTHER	M - F, M - SAT. ALL, OTHER
2						6AM - 6PM, 5AM - 8PM 24 HRS., OTHER	M - F, M - SAT. ALL, OTHER
3						6AM - 6PM, 5AM - 8PM 24 HRS., OTHER	M - F, M - SAT. ALL, OTHER
4						6AM - 6PM, 5AM - 8PM 24 HRS., OTHER	M - F, M - SAT. ALL, OTHER
5						6AM - 6PM, 5AM - 8PM 24 HRS., OTHER	M - F, M - SAT. ALL, OTHER
6						6AM - 6PM, 5AM - 8PM 24 HRS., OTHER	M - F, M - SAT. ALL, OTHER
7						6AM - 6PM, 5AM - 8PM 24 HRS., OTHER	M - F, M - SAT. ALL, OTHER
8						6AM - 6PM, 5AM - 8PM 24 HRS., OTHER	M - F, M - SAT. ALL, OTHER
9						6AM - 6PM, 5AM - 8PM 24 HRS., OTHER	M - F, M - SAT. ALL, OTHER
10						6AM - 6PM, 5AM - 8PM 24 HRS., OTHER	M - F, M - SAT. ALL, OTHER
11						6AM - 6PM, 5AM - 8PM 24 HRS., OTHER	M - F, M - SAT. ALL, OTHER
12						6AM - 6PM, 5AM - 8PM 24 HRS., OTHER	M - F, M - SAT. ALL, OTHER
13						6AM - 6PM, 5AM - 8PM 24 HRS., OTHER	M - F, M - SAT. ALL, OTHER
14						6AM - 6PM, 5AM - 8PM 24 HRS., OTHER	M - F, M - SAT. ALL, OTHER
15						6AM - 6PM, 5AM - 8PM 24 HRS., OTHER	M - F, M - SAT. ALL, OTHER