



445 State Street, North Haven, CT 06473
Main phone number 203-288-3518

COMMERCIAL CREDIT APPLICATION
CONFIDENTIAL

Company Information: Proprietorship* _____ Partnership* _____ Corporation _____ LLC _____ State of Inc. _____
Company Name: _____ Telephone No. (____) _____
Doing Business As: _____ Facsimile No. (____) _____
Street Address: _____
Mailing Address: _____
City: _____ State & Zip: _____
Type of Business: _____
Years in Business: _____ Federal Identification # _____ No. Employees _____
Anticipated High Credit Needed: _____ (combined Shoreline Compressed Gas Companies)
Duns No.: _____

Principals or Officers:

<u>Name</u>	<u>Title</u>	<u>Social Security No.**</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Bank Reference:

Bank Name: _____
Address _____ City _____ State _____
Account Officer _____ Telephone No. (____) _____

Trade References:

<u>Company</u>	<u>Contact Person</u>	<u>Telephone No.</u>
1. _____	_____	(____) _____
2. _____	_____	(____) _____
3. _____	_____	(____) _____

*** See Addendum "A" if the Applicant is a proprietor or partnership**

**** Social Security Number is required if applying for credit as a proprietor or partnership.**

Additional Information: Please attach the following documents along with your application.

- Financial Statements for the last two years prepared by an accountant using general accepted accounting principles
- Current plus year-end statement for businesses less than two years old. (Corporate tax returns are acceptable in lieu of statements with prior approval.)
- Personal Financial Statements of Principals, if proprietorship or partnership.
- Resale Tax Exempt Certificate

The above information is being provided in conjunction with a request of open credit terms from Shoreline Compressed Gas and its subsidiaries, divisions and affiliates (collectively "Shoreline Compressed Gas"). I hereby certify under penalty of perjury that the information provided is true to the best of my knowledge. The undersigned further understands that the Guaranty accompanying this application is necessary to induce Shoreline Compressed Gas to extend credit to applicant. If this application is accepted by Shoreline Compressed Gas, the undersigned agrees to the terms (Standard Terms used are Net 30 days and COD) and conditions of the application and changes from time to time. The undersigned further agrees that all issues and disputes relating to any credit arrangement extended hereunder shall be governed in accordance with the laws of the State of Massachusetts, without reference to conflicts of laws principles.

Date

Principals or Officer

Title



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ADDENDUM A

THE FAIR CREDIT REPORTING ACT

Applicant acknowledges and agrees that Shoreline Compressed Gas may utilize outside credit reporting services to obtain information on Applicant. In the event Applicant is/are individual(s), the signing of the Application shall constitute authorization under the Fair Credit and Reporting Act to Shoreline Compressed Gas and its Agents to utilize consumer credit reporting agencies to provide reports on said individual(s) in order to permit Shoreline Compressed Gas to appropriately evaluate the extension of any business credit. This authorization will remain valid and enforceable until Applicant expressly revokes authorization in writing and served on Shoreline Compressed Gas by registered or certified mail.

In accordance with the terms and conditions listed above, Applicant hereby authorizes Shoreline Compressed Gas to obtain commercial credit reports.

SIGNATURE REQUIRED

GUARANTOR:

ATTEST:

By: _____
Signature

Print Name

Social Security Number

Personal Address

By: _____
Witness Signature **Date**

Print Name

GUARANTOR:

ATTEST:

By: _____
Signature

Print Name

Social Security Number

Personal Address

By: _____
Witness Signature **Date**

Print Name

Notice: the Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants based on race, color, religion, national origin, or sex. The federal agency that administers compliance with this law concerning this credit is the Federal Trade Commission, Division of Credit Practices, 6th and Pennsylvania Avenue, NW, Washington, D.C. 20580.

If credit is denied, the applicant has the right to a written statement of the specific reasons for denial. To obtain the statement, please contact Shoreline Compressed Gas, Attn: Corporate Credit Department, 100 Myles Standish Blvd. Suite 101 Taunton, MA 02780, within sixty (60) days from the date you were notified of the decision to deny credit. Shoreline Compressed Gas will send you a written statement of reasons for denial within thirty (30) days of receiving your request for the statement of reasons(s).

Electronic signature: I agree with the online credit application, check here