



417 Jacobstown Cookstown Rd

Wrightstown, NJ 08562

Phone #: 609-286-2042

Fuel Purchase Application

Approved by: _____

General Information

Company Name		Federal Tax ID	
Trading As			
Years in Business		Phone Number	
		Fax Number	
		Credit Requested	
Billing Address			
Physical Address			
PO Required	<input type="checkbox"/>	Tax Exempt	<input type="checkbox"/>

Business Details

Business Name		Type of Business	
State Incorporated			
Year Incorporated			

Business Principals

	Principal Name	SS # / Date of Birth	Phone	Home Address
1				
2				

Affiliated Companies of Principal

	Company Name	Company Address
1		
2		

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Supplier References

	<i>Name</i>	<i>Phone Number</i>	<i>Email</i>
1			
2			
3			
4			
5			

Bank References

	<i>Name</i>	<i>Account Number</i>	<i>Phone</i>	<i>Address</i>
1				
2				

Thank you for applying for credit with MCI. In order to process your application quickly and efficiently, please make sure you have completed the following:

Address:

- Physical address must be included whenever requested on this application, when using a PO Box.
- The home address of each principal must be supplied.

Signatures and Notarizations

- Only principals of the company may sign the credit application.
- The guarantee section of the application is to be signed by the individual who will personally guarantee payment of any sums due from the application. Do **NOT** include a title with the name of the guarantor.
- The original application **must** be notarized.

Payment Bonds and Tax-Exempt Forms

- If at any time you are buying material for a bonded job, a copy of the payment bond **must** be sent over to us via email.
- Tax exempt forms should be emailed to us at the time of submitting thus application, to ensure correct billing.

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Please contact Credit@mcinc.us with any questions you may have.

ALL ABOVE SECTIONS MUST BE FILLED OUT AND COMPLETED FULLY IN ORDER TO PROCESS YOUR APPLICATION

TERMS:

- Payment terms will be Net 15 Days.
- A Charge of one and a half percent (1.5%) per month will be assessed on any and all amounts past due.
- MCI is not responsible for any fuel after the time of delivery, MCI is also not responsible for any tank or vehicle that was not supplied by MCI.
- In the event of default requiring collection, the applicant(s) agrees to pay, in addition to the delinquent amount and the charge of 1.5% per month that they are delinquent, collection and/or attorney fees equal to twenty five percent (25%) of the delinquent amount.
- A service charge of \$35.00 will be assessed for each check received which is returned unpaid for any reason.
- A minimum gallon fee of ONE HUNDRED AND TWENTY-FIVE DOLLARS (\$125.00) will be applied on all deliveries ONE HUNDRED gallons (100) or less.
- MCI has the right to repossess the tank at anytime despite the contents if the customer is behind on payment.
- To assure adequate supply, the applicant(s) does hereby authorize MCI to make deliveries to the applicant(s) place of business or job site at times when no employee of the applicant is available to sign for receipt of delivery agrees that MCI's meter ticket, daily record of deliveries and GPS tracking.
- I hereby authorize MCI to charge my credit card in the amount of any outstanding balance owed by said Company if payment is not received by MCI within 10 days of the date payment is due.

Upon each annual anniversary date of this agreement, MCI and their subsidiaries reserves the right to automatically increase the prices then in effect by the amount of the increase in the Consumer Price Index for the previous twelve months or five percent (5%) whichever is greater.

I (THE APPLICANT/S) HAVE READ, UNDERSTAND AND ACCEPT THE ABOVE TERMS AND HAVE PROVIDED TRUE INFORMATION. I FURTHER AUTHORIZE MCI AND THEIR SUBSIDIARIES TO VERIFY ANY AND ALL REFERENCES, INCLUDING BANK ACCOUNT INFORMATION, TO DETERMINE OUR CREDIT CAPABILITIES AND TO REQUEST INFORMATION FROM CREDIT REPORTING AGENCIES.

APPLICANTS NAME: _____

SIGNATURE: _____ Title: _____ Date: _____

I/WE INDIVIDUALLY, JOINTLY AND SEVERALLY PERSONALLY GUARANTEE PAYMENT OF ALL INDEBTEDNESS INCURRED FOR MERCHANDISE AND SERVICES FURNISHED BY MCI AND THEIR SUBSIDIARIES INCLUDING CHARGES AND COLLECTION OR ATTORNEY FEES EQUAL TO 25% OF THE DELINQUENT AMOUNT. IT IS UNDERSTOOD THAT THIS GUARANTEE SHALL BE A CONTINUING GUARANTEE. I/WE DO HEREBY WAIVE NOTICE HEREOF AND CONSENT TO ANY MODIFICATION OR RENEWAL OF THE CREDIT AGREEMENT HEREBY GUARANTEED.

INDIVIDUAL #1

SIGNATURE: _____ SOCIAL SECURITY #: _____ DATE: _____

INDIVIDUAL #2

SIGNATURE: _____ SOCIAL SECURITY #: _____ DATE: _____

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NOTE: THE ABOVE MUST BE SIGNED TO BE ACCEPTED FOR PROCESSING



PLEASE COMPLETE AND RETURN VIA EMAIL AT: CREDIT@MCINC.US

DATE: _____

This form authorizes MCI to bill the credit card below for all purchases made by _____ (Company purchasing). *

NO DELIVERIES WILL BE MADE WITHOUT ALL INFO IN THIS FORM COMPLETED FIRST

FEDERAL TAX I.D # OR SOCIAL SECURITY #: _____

COMPANY OR INDIVIDUAL NAME ON CARD: _____

AUTHORIZED SIGNATURE (CARDHOLDER): _____

CARDHOLDER BILLING ADDRESS: _____ ZIP: _____

PHONE #: _____ FAX #: _____

TYPE OF CARD BEING USED:
 CREDIT CARD
 DEBIT CARD
 DEBIT/CREDIT CARD LINKED TO YOUR CHECKING/SAVINGS
 CORPORATE PURCHASING CARD

EMAIL TO SEND RECEIPT FOR TRANSACTION TO: _____

CREDIT CARD COMPANY: _____ ISSUING BANK: _____

CARD NUMBER: _____ EXPIRATION DATE: _____

CVV2: _____ (3 DIGIT OR 4 DIGIT CODE)

I hereby authorize MCI to charge my credit card in the amount of any outstanding balance owed by said Company if payment is not received by MCI within 10 days of the date payment is due.

ALL DELIVERIES LESS THEN SEVENTY-FIVE GALLONS (75) WILL BE CHARGED A \$75.00 MINIMUM GALLON DELIVERY CHARGE IN ADDITION TO THE PRICE OF THE FUEL.

ALL WEEKEND DELIVERIES WILL BE SUBJECT TO A SEPARATE DELIVERY CHARGE IN ADDITION TO THE COST OF THE FUEL

*ALL PAYMENTS MADE ON A CREDIT CARD ARE SUBJECT TO A 3% SURCHARGE FEE.

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Bank Release Form

Please fill in and sign the statement below, which will be sent to your bank. Your permission is required to access account information. This will speed up the processing of your credit application.

*Company Officer Name

**Bank Name

I*, _____, give** _____ permission to

Release account information to MCI for the purpose of obtaining credit.

Thank you.

Signature

Title

Account Number

Date

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Guarantee

In consideration of the extension of credit to the applicant, herein, the undersigned hereby individually and unconditionally guarantee the payment of all sums due or to become due by the applicant.

Date

Guarantor's Signature

Print name of Guarantor

Sworn to and subscribed before me this _____ day of _____, 20__

Notary Public of N.J.