

**ELM ICE & OIL COMPANY**  
**56 GRAY ROAD FALMOUTH, MAINE 04105**  
**207-797-5691 207-797-5690 (fax)**

**APPLICATION FOR CREDIT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Delivery Address (if different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Number of years at current address: \_\_\_\_\_ SSN #: \_\_\_\_\_

If less than 2 years, please list previous address: \_\_\_\_\_

**CREDIT REFERENCES**

Name: _____	Account #: _____
Address: _____	Contact: _____
_____	Phone #: _____

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_____	Phone #: _____

Name: _____	Account #: _____
Address: _____	Contact: _____
_____	Phone #: _____

**TERMS & CONDITIONS**

Payment is due 20 days from the delivery date. A service charge of 1.5% per month will be added to any balance over 30 days. Account will be C.O.D. for any balances over 45 days.

I have read and understand the above terms and conditions. I will be fully responsible for the total amount on the account.

I hereby authorize the Elm Ice Company to obtain credit information about my account standing and payment history on the credit references listed above, to be used explicitly for the establishment of an open account.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_