



# Bonanza Fuel, LLC

P.O. Box 1129  
Nome, AK 99762  
(907) 387-1201  
FAX (907) 443-3063

## Business Application

Full Name of Business		Email Address	
Mailing Address	City	State	Zip Code
Office Phone Number	Office Fax Number	Federal Tax ID or Social Security Number	
Name of Owner and/ or President			
Mailing Address of Owner/President	City	State	Zip Code
Type of Business: (check two) Sole Proprietorship_____	For Profit_____	Non-Profit_____	
	Corporation_____	Partnership_____	LLC_____
Is property/equipment owned or leased?	Owned_____	Leased_____	
If leased: Owner Name	Owner Phone Number		
\$			
Average Annual Gross Income of Business			
Is the business currently involved in any type of lawsuit?	If yes, please describe		
\$ Credit Limit Requested			
If requesting Auto-Fill Service, How often are deliveries needed?			
Any Special Instructions for delivery Location(s)?			
Automatic Payments: Yes_____ No_____			
If Yes, type of card: _____	Card Number: _____ - _____ - _____ - _____	Exp Date: ____/____	
Authorized Cardholder Signature:			
<u>Credit Reference</u>		<u>Bank Reference</u>	
Name: _____		Name: _____	
Address: _____		Address: _____	
Phone Number: _____		Phone Number: _____	

I understand all invoices are due in full, 20 days from the date of the invoice. Amounts greater than 20 days past due will be assessed 1.5% each month. Outstanding balances beyond 60 days may be turned over to collections and I will be responsible for any additional or increased fees, including legal fees, associated with the collection procedure. I authorize Bonanza Fuel, LLC. to verify all information as needed, including but not limited to pulling a personal credit report through a 3<sup>rd</sup> party vendor, contacting references on the credit application and researching court records to establish credit with Bonanza Fuel, LLC. I understand that Bonanza Fuel, LLC. reserves the right to: limit the amount of credit purchases by customers, deny credit to any customer and change rates when the market dictates change; refuse service if conditions are deemed hazardous, environmentally unsafe or unsanitary.

**Credit will no longer be extended to those that have a past due balance greater than 45 days.**

\_\_\_\_\_  
Print Name/Title

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date