

OFFICE USE ONLY	<input type="checkbox"/> Credit Approved <input type="checkbox"/> Credit Denied By: _____	<input type="checkbox"/> Insufficient Information <input type="checkbox"/> Low Beacon Score _____ <input type="checkbox"/> Bankruptcy less than 2 years <input type="checkbox"/> Other	RETURN TO:
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In order to establish credit with Lakes Gas, the information below must be provided in its entirety. Please take a few minutes to complete this form and return it to our office. All purchases will be on a CASH IN ADVANCE basis until the form is returned to LAKES GAS and credit has been approved. Lakes Gas Co's policy regarding the destruction of sensitive financial or personal information is in accordance with the Federal government Fair and Accurate Credit Transaction Act of 2003 (FACTA).

Business Name: _____	Description of the type of business:
Address: _____ _____ County: _____	
Telephone: _____ Fax: _____ Fed ID: _____ Email: _____	

Do you wish to receive online (check all that apply): \_\_\_ Statements \_\_\_ Invoices

Check One:    Proprietorship    Partnership    Corporation   Years in business: \_\_\_\_\_

**OWNER/OFFICER INFORMATION:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Please Print)

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Please Print)

Has the business or principal ever declared bankruptcy?    Yes    No   If yes,    Business    Principal   Date Filed \_\_\_\_\_

Are there any outstanding liens or judgements?    Yes    No

**BANK REFERENCES:**

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

Address: \_\_\_\_\_ Checking Account: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Savings Account: \_\_\_\_\_

**CREDIT REFERENCES:**

Name _____	Name _____
Address _____	Address _____
Ph: _____ Fax: _____	Ph: _____ Fax: _____
Name _____	Name _____
Address _____	Address _____
Ph: _____ Fax: _____	Ph: _____ Fax: _____

**SALES TAX STATUS:**    Taxable    Non-Taxable   *EXEMPTION CERTIFICATE MUST BE SUBMITTED*

I/we give this information for the purpose of obtaining credit and certify that the above information is true and correct. Authorization is hereby given to check credit records, trade and banking references if applicable. If approved, I/we agree to make payment to LAKES GAS CO. according to terms. No further delivery or service will be provided until the previous balance is paid in full. Discounts, when applicable, will be allowed if the account is paid in full and received in our office within 10 days of delivery. It is further agreed that a charge of 1.5% monthly on the unpaid balance will be charged on amounts not paid within the terms, and I/we will pay any and all costs to collect on the accounts, including attorney fees. It is understood that delinquent accounts will have their credit suspended.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**PERSONAL GUARANTEE OF PAYMENT OF CHARGES**

For value received and in consideration for the extension of credit to \_\_\_\_\_ by Lakes Gas Co., the undersigned hereby fully and unconditionally guarantees payment of all materials and/or service purchased by \_\_\_\_\_ under and pursuant to the terms of the Credit Agreement. The undersigned further agrees to pay all service charges and costs that may accrue on the account together with reasonable attorney fees and other costs of collection. Notice of acceptance of this guarantee and all rights to notice of non-performance are expressly waived.

Signature \* \_\_\_\_\_ Date \_\_\_\_\_

Signature \* \_\_\_\_\_ Date \_\_\_\_\_

\*Sign as individuals, not as Company Officers