



Application for Credit

DATE: _____

Company Name: _____

Bill To Address: _____

City _____

ST _____ ZIP _____ Cty _____

Ship To: _____

City _____

ST _____ ZIP _____ Cty _____

Phone _____/_____/_____

Fax _____/_____/_____

Email _____

Invoice by: Mail _____ Fax _____ Email _____

Residential address? Y _____ N _____

In business how long? _____

() Corporation () Sole Proprietorship

() Partnership

President _____

Bank Reference _____

Contact _____

Trade References: Name, Address, Phone & Fax

1. _____

2. _____

3. _____

Return by email, fax or mail to:

Email AR@bergquistinc.com Fax 419-725-9992 | Bergquist, Inc. Attn: Hope, 1100 King Rd., Toledo OH 43617

Type of Business – Check All That Apply

___ Propane Dealer

___ Bulk

___ Number of Bobtails

___ Cylinder Delivery

___ Cylinder Exchange

___ Dispenser Dealer

___ Showroom

___ Propane Plant Builder

___ Propane Transport

___ Propane Truck Builder

___ New

___ Repair

___ Electric Utility

___ Fuel Oil Distributor

___ Hearth or Grill Shop

___ Manufacturer

___ Natural Gas Utility

___ Rental Store

Other _____

Taxable _____ Yes _____ No

****We are required by law to have a copy of your Sales Tax Exempt Certificate on file. Please forward with this application.***

Signature _____

Title _____

The undersigned hereby agrees to abide by our normal terms which are net 30 days from invoice date. A service charge of 1 ½% per month will be added on all past due invoices (an effective rate of 18% per annum). Orders may be delayed if there are past due invoices.



OH 800-537-7518 | KY 800-448-9504 | IN 800-662-3252 | MO 800-821-3878 | MN 800-328-6291

Your questions answered by the people who know propane equipment.