

LB Gas Company LLC
10311 Bonita Beach Rd., S.E.
Bonita Springs, FL 34135
Ph: (239) 992 7942 / Fax: (239) 992 9482
E-Mail: lbgas@hotmail.com

CREDIT APPLICATION

In order to set up your account, please **Print or Write neatly.*

*** If Billing address is **NOT** the same as delivery address, please fill up information below*

Delivery Information

Contact Name: _____
Company Name: _____
Delivery Address: _____
City: _____
State: _____
Zip Code: _____
Ph: _____
Cell: _____
Fax: _____
E-Mail: _____

Billing Information

Contact Name: _____
Company Name: _____
Billing Address: _____
City: _____
State: _____
Zip Code: _____
Ph: _____
Cell: _____
Fax: _____
E-Mail: _____

Type Of Business: ___ Proprietorship, ___ Partnership, ___ Corporation, ___ Other: (specify)

Federal I.D. # _____ **OR** Social Security # _____

Credit Information

Bank Name: _____ Bank Account #: _____
Bank Address: _____ Bank Phone #: (____) _____

Term of Payment:

Charges unpaid within 30 days will accrue interest at the rate of 1.50% per month from the date of invoice.

NOTE: Once your application is set up and we deliver you gas, we will mail you an invoice.

My signature below indicates I will be personally responsible for any and all charges against this account, which unpaid by the company.

x _____
(Print Name and Title)

x _____
(Authorized Signature)

Date ____ / ____ / ____

Please FAX back to LB Gas at (239) 992 9482 or mail us as mentioned on the letter head.

Thank you
Noi, Accounting Manager