



# Application for Credit Card Account

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

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 \_\_\_\_\_

Credit Card

MasterCard Visa Discover AmEx

# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ exp. \_\_\_\_\_

**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.***

Credit Card Bill To: \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Return by email, fax or mail to:

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



Your questions answered by the people who know propane equipment.

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