

# G.A. BOVE & SONS, INC.

76 Railroad Street, Mechanicville NY 12118

Phone: 664-5111 Fax: 664-6463

## COMMERCIAL USE APPLICATION

ALL INFORMATION  
MUST BE COMPLETED

Customer New Acct #: \_\_\_\_\_  
\_\_\_\_\_  
(Name of Person Taking Info)  
**G.A.Bove Personnel Use Only**

Date: \_\_\_\_\_

Product(s): \_\_\_\_\_

Product Used For: \_\_\_\_\_

Size of Tank(s): \_\_\_\_\_

Delivery Type: Auto \_\_\_\_\_ Will Call \_\_\_\_\_

(AUTO DELIVERY IS THE ONLY OPTION FOR PROPANE DELIVERIES)

Where did you hear of our Company?  Billboard  Yellow Pages  Saw truck  Customer Referrral  Web Search

Company Name: \_\_\_\_\_ Fax #: \_\_\_\_\_

Federal ID #: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**OR** Social Security #: \_\_\_\_\_ **AND** NY Driver's Lic.#: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Has this Company or it's officers or owners ever filed Bankruptcy? Yes  No

Accounts Payable Contact name \_\_\_\_\_

Commercial Checking Acct #: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

City: \_\_\_\_\_ St: New York Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ St: New York Zip: \_\_\_\_\_

PLEASE LIST THE NAMES OF ALL PERSONS AUTHORIZED TO ORDER & SIGN FOR THE ACCEPTANCE OF DELIVERIES AND/OR PURCHASES:

\_\_\_\_\_  
\_\_\_\_\_

### TERMS AND GUARANTEE

I / we agree that the total amount is due and payable within twenty (20) days after receipt of Statement or invoice (delivery ticket). If I / we fail to pay as agreed above when due, G.A. Bove & Sons Inc., may declare the entire balance due and payable whether the charges appear on my statement or are current charges. I hereby certify that the information contained herein is true and is given to induce G.A. Bove & Sons Inc., to extend credit to the above business. To further induce G.A. Bove & Sons, Inc., to extend credit to the above business, I / we also agree to become jointly and personally liable to G.A. Bove & Sons, Inc., for any balance due on the above business account. I / we agree to a finance charge on any past due balance computed on the previous months ending balance of 1.5 %per month corresponding to ANNUAL PERCENTAGE RATES OF 18%. In the event my account is turned over to an attorney for collection, I also agree to pay reasonable attorney's fees. I also understand that this is a personal guarantee even if I sign as officer of company.

I accept these terms and conditions.

\_\_\_\_\_  
Customer Name

\_\_\_\_\_  
Name of Authorized Representative

\_\_\_\_\_  
Date

If you are using a newer version of Adobe Acrobat Reader, and get an error message when submitting the form, please print out the form and send by mail or FAX (518-664-6463). Thanks for your patience!

**For Bove Use Only**

1<sup>st</sup> Delivery/Service: \_\_\_\_/\_\_\_\_/\_\_\_\_

INSTRUCTIONS FOR DELIVERY (Including how to get to the stop): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Scheduled Date of Install: \_\_\_\_/\_\_\_\_/\_\_\_\_

INSTRUCTIONS FOR INSTALLATIONS: \_\_\_\_\_

**(BOVE USE ONLY)**

\_\_\_\_\_  
\_\_\_\_\_

**Credit terms approved :Payable 15 Days \_\_\_\_\_ Payable 30Days \_\_\_\_\_ Payable45Days \_\_\_\_\_ COD ONLY \_\_\_\_\_**

**Credit Terms Letter sent \_\_\_\_\_ Date Sent \_\_\_\_/\_\_\_\_/\_\_\_\_**

\_\_\_\_\_  
**Manager Approving Credit**

\_\_\_\_\_  
**Credit Line Request**

\_\_\_\_\_  
**Credit Line Approved**

Entered Into TF 2000 by: \_\_\_\_\_ Date Entered: \_\_\_\_/\_\_\_\_/\_\_\_\_