



**MCP PROPANE**  
 Credit Application  
 Commercial

**Pryor - Fax. 918.825.2151**  
**Wagoner - Fax. 918.485.5875**  
**PropaneMCP.com**

SECTION 1-APPLICANT			
FULL LEGAL BUSINESS NAME (hereinafter "Applicant")		PHONE NO:	FAX NO:
MAILING ADDRESS		CITY	STATE      ZIP CODE
<input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> LIMITED LIABILITY CO. (LLC) <input type="checkbox"/> LIMITED PARTNERSHIP <input type="checkbox"/> CORPORATION			
IN THE STATE OF	DATE STARTED	FED. TAX ID / SOCIAL SECURITY	BUSINESS LICENSE NO.
TAX EXEMPT <input type="checkbox"/> YES <input type="checkbox"/> NO	MONTHLY CREDIT LIMIT REQUESTED		DESCRIPTION OF BUSINESS
NAME: ACCOUNTS PAYABLE OR CONTROLLER:		DIRECT TELEPHONE:	E-MAIL:
ARE FINANCIAL STATEMENTS AVAILABLE FOR THE PAST TWO YEARS?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE ATTACH COPIES
SECTION 2 - OWNERS, PARTNERS OR OFFICERS			
NAME (first, middle, last)	% OWNERSHIP	TITLE	SOCIAL SECURITY NO.
HOME ADDRESS	TELEPHONE NO.	CELL NO.	E-MAIL
NAME (first, middle, last)	% OWNERSHIP	TITLE	SOCIAL SECURITY NO.
HOME ADDRESS	TELEPHONE NO.	CELL NO.	E-MAIL
NAME (first, middle, last)	% OWNERSHIP	TITLE	SOCIAL SECURITY NO.
HOME ADDRESS	TELEPHONE NO.	CELL NO.	E-MAIL
SECTION 3- BANKING			
COMMERCIAL BANK NAME	ACCOUNT NO.	PHONE NO.	
BANK ADDRESS			
<p><b>NOTICE TO APPLICANT:</b> Credit terms are Net 30 days. All invoices are due in full within 30 days from date of invoice. We hereby authorize MCP Propane to obtain information from my bank required to approve credit as listed on this application. I/We authorize MCP Propane or any credit bureau or other investigative agency employed by MCP Propane to make inquiries considered necessary (including requesting reports from consumer reporting agencies and other sources) in evaluating this application, and subsequently for purposes of reviewing, maintaining or collecting this account. This contract shall be construed under the laws of the State of Oklahoma, and the parties agree that jurisdiction and venue in any legal action relating to this contract shall be established, instituted, and prosecuted in the Courts of the County of Mayes, State of Oklahoma. To the extent permitted under applicable law, you will be responsible for <b>interest at the rate of 18% per annum on all amounts not paid within terms and for all collection costs and/or attorney fees equivalent to 25% of the unpaid balance, all courts costs and all other fees necessary for collection of any account not paid when due.</b></p>			
APPLICANT'S SIGNATURE: _____		DATE: _____	
APPLICANT'S SIGNATURE : _____		DATE: _____	

**Mail To - MCP PROPANE - P.O. Box 161 Pryor, OK 74362 or P.O. Box 244 Wagoner, OK 74477**