



704 NORTH MAPLE – P.O. BOX 99 GARNETT, KANSAS 66032
1-785-448-5512 TOLL FREE 1-877-592-2743 FAX 1-785-448-5503

Business Credit Application

Please complete the following information and mail or fax to the above address:

Company or Personal Name _____

Physical Address _____

(Include mailing if different)

City, State, and Zip Code _____

Phone Numbers _____

If Personal or DBA, please list Social Security # _____

Banking Information:

Bank Name _____

Address _____

City, State, and Zip _____

Account # _____

Bank Contact _____ State Tax ID # _____

(If exempt, Please list the **type** of exemption and #)

References:

Please give us two credit references with complete Names, Addresses, and Phone Numbers:

1. _____

2. _____

Authorization to release information and Disclaimer:

I _____, as an authorized signature of the above company or above person(s), hereby allow Lybarger Oil Inc. to check the above listed references AND/ OR allow credit verification and will not hold Lybarger Oil Inc. or its subsidiaries, liable in any way for any consequences of the above actions.

The following person(s) from this Company or organization will be authorized to charge:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

(Over ---->)

Services Offered:

	Tank Size	Own or Lease	% in tank
Propane	_____	_____	_____
	_____	_____	_____

Delivery Type, Please check one:

Keep my tank full on route (w/app credit) _____

I will call you when my tank is between 20-30% full _____

Refined Fuel	Tank Size	Product
	_____	_____
	_____	_____
	_____	_____

Cardlock	Number of cards	Product
	_____	__ Dyed __ Clear __ Gas

Directions to House and/or Tank(s):

Special Instructions:
