



MUTUAL LIQUID GAS & EQUIPMENT CO., INC.

CORP OFFICE: 17117 S. BROADWAY, GARDENA CA 90248

NEW ACCOUNT INFORMATION & CREDIT CARD ON FILE FOR PAYMENT

BUSINESS NAME		DBA	YR ESTABLISHED	
DELIVERY ADDRESS		PHONE	FAX	
BILLING ADDRESS (IF DIFFERENT)		A/P FAX		
A/P CONTACT NAME & PHONE		A/P EMAIL (REQUIRED)		
NATURE OF BUSINESS	FEDERAL TAX ID#	INCORPORATED? Y or N	STATE?	NAME OF PARENT COMPANY (IF SUBSIDIARY)
IF INCORPORATED: PROPRIETOR, PARTNER OR OFFICER NAME & HOME ADDRESS				SOCIAL SECURITY #

Credit Requested \$ _____

Have you ever declared bankruptcy? Y or N

CREDIT CARD INFORMATION:

EXACT BILLING ADDRESS ON CREDIT CARD:

NAME ON CREDIT CARD	
CREDIT CARD NUMBER	
EXPIRATION DATE	3 or 4 DIGIT CSV CODE

STREET ADDRESS
CITY AND STATE
ZIP CODE

CREDIT REFERENCE (1)

BANK INFORMATION:

NAME OF REFERENCE	
STREET ADDRESS, CITY STATE & ZIP	
ACCOUNT NUMBER	PHONE NUMBER

NAME OF BANK
STREET ADDRESS, CITY STATE & ZIP
ACCOUNT NUMBER

PROPANE USE: State and Federal authorities require that proper taxes are collected consistent with the use of propane.

Please select the tax category below for your propane purchases:

- Forklift Fuel.** Mutual will collect appropriate tax for forklift fuel from your propane purchases
- Motor Vehicle Fuel**
 - + Mutual will collect all taxes including California Road Tax, Federal Tax and Sales Tax
 - + Customer has a State User Fuel Tax Permit (exemption). Mutual will collect Federal Tax and Sales Tax Only
Customer State User Fuel Tax Permit # _____
 - + Customer will pay Federal Tax on Customer's IRS Form 720. Mutual will collect State and Sales Tax only
 - + Customer's Alternative Fueler-IRS Registration #, if applicable _____
 - + Fuel used under Transit Districts under Section 8655
- Retail, Non-Motor Fuel Use.** Mutual will collect only Sales Tax
- Resale.** Customer Resale # _____ Please attach Resale Certificate
- Other.** Please describe _____

SIGNATURE:

Terms of Credit are **IMMEDIATE PAYMENT WITH CREDIT CARD ON FILE.** Customer agrees to having current, active and available credit on card.
Customer agrees to **service charge of \$25.00 on any declined transaction** and 1.5% per month on balances in excess of 30 days.

PROPRIETOR, PARTNER OR OFFICER SIGNATURE	DATE
PRINT NAME	TITLE

Please complete, sign and return to our Corporate Office

17117 S Broadway Gardena, CA 90248 **Email: ar@mutualpropane.com** FAX: 310.515.2633 PH: 310.515.0553

MUTUAL PROPANE INTERNAL USE:

--