

**Goetz Energy Corp.**  
**PO BOX A**  
**BUFFALO, NY 14217-0305**  
**PHONE (716) 876-4324**  
**FAX (716) 876-7942**

CREDIT APPLICATION

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Type of Ownership ( ) Proprietorship ( ) Partnership ( ) Corporation

FEIN # \_\_\_\_\_

Officer/Owner Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Additional officers/owners list information same as above in spaces below:

Building and Property: ( ) Owner ( ) Leased Length: \_\_\_\_\_ Years

Years at present location \_\_\_\_\_ Leased From \_\_\_\_\_

If less than three years, list business address, prior business, or previous place of employment \_\_\_\_\_

CUSTOMER ACKNOWLEDGES THAT FINANCE CHARGES AND ALL  
REASONABLE LEGAL COSTS WILL BE ADDED IF COLLECTION IS  
NECESSARY

Signature of Applicant \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_

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**CREDIT REFERENCES**

Please list complete address

Bank Reference: Branch \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Contact/Trade References

Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Address \_\_\_\_\_

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