



2676 State Route 12B, Deansboro, NY 13328
 (315) 841-3000 • buellfuel.com



Credit Card Application

Thank you for applying for a Buell Fuels Local Gas credit card. If approved your new card allows you the convenience of being billed every Tuesday at a discounted rate per gallon for products you purchase at our pumps.

As a customer of Local Gas, we need to make you aware of the following guidelines so we may best serve your needs. Failure to meet terms listed below may result in Local Gas refusal to serve you.

1. There will be an ACH withdrawal from your checking account every Tuesday for the week prior.
2. There is a 2% per month charge on any unpaid balances over 30 days.
3. Past Due accounts will be forwarded for collection with additional fees for collection, searches, processing, and service.
4. Any returned ACH payments will result in a \$30 chargeback fee.

By signing below, I accept the above terms and conditions and agree to pay for all purchases made by the Buell Fuels Local Gas card assigned to me. If the card is lost or stolen, I assume all responsibility until Local Gas is legally notified by me in written form, in person, or by certified mail.

I am the financially responsible party for this account

 Personal Guarantor

 Date

 Printed

Local Gas Credit Application			
Name:	DOB:	SSN:	
Address:	Phone:		
City:	State:	Zip:	
Own Rent (Please Circle)	Monthly Rent:	How Long:	
Employment Information			
Current Employer:		How Long:	
Employer Address:		Phone:	
I authorize Local Gas to verify information provided on this form regarding credit, personal and employment history.			

	Number of Cards needed		
	Name on Card		





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Attention: _____

ELECTRONIC FUNDS TRANSFER AGREEMENT

Customer Name		Payer No	
Contact	Phone No	E-Mail Address	
Street Address	City	State	Zip

I (we), hereinafter called **CUSTOMER**, hereby authorize **LOCAL GAS, LLC (LOCAL GAS)** to initiate electronic entries to **CUSTOMER's** bank account at the Depository Institution indicated below and further directs said Depository Institution to accept and debit/credit the amount of such entries to **CUSTOMER's** account:

Bank Name		Branch	
Street Address	City	State	Zip
Bank Account No	ABA/Bank Transit Routing No		
Bank Phone No	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account		

This authority shall remain in effect until terminated by written notice by either **CUSTOMER** or **LOCAL GAS**. Effective Date of termination will be fifteen (15) days after receipt of written notice.

Notice of termination shall in no way affect debit/credit entries initiated by **LOCAL GAS** prior to actual receipt of notice.

CUSTOMER agrees to be responsible for Bank's processing charge for all items. **LOCAL GAS** will be responsible for all costs associated with delivery of debits/credits to the **CUSTOMERS** bank.

CUSTOMER AUTHORIZATION

All credit and other terms and requirements between **CUSTOMER** and **BUELL** remain in effect. I do certify that I have the full capacity and authority to authorize and direct.

Authorized Signature	Title	Date
Authorized Signature	Title	Date

FOR OFFICE USE ONLY

Effective Draft Date	Credit Department
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