

Colvin Oil Company, Inc.

Personal Credit Application



Name	SSN	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Billing Address	City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Employer	Address	Years Employed
<input type="text"/>	<input type="text"/>	<input type="text"/>

Previous Employer	Address	Years Employed
<input type="text"/>	<input type="text"/>	<input type="text"/>

Bank Reference	Branch	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan
<input type="text"/>	<input type="text"/>	

Local Credit References

List accounts older than six months and currently active (Please, no banks).

Creditor	Phone
<input type="text"/>	<input type="text"/>

Representative	Account Number
<input type="text"/>	<input type="text"/>

Creditor	Phone
<input type="text"/>	<input type="text"/>

Representative	Account Number
<input type="text"/>	<input type="text"/>

Creditor	Phone
<input type="text"/>	<input type="text"/>

Representative	Account Number
<input type="text"/>	<input type="text"/>

Creditor	Phone
<input type="text"/>	<input type="text"/>

Representative	Account Number
<input type="text"/>	<input type="text"/>

People authorized to charge on this account

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Terms: Cash on demand or on receipt of semi-monthly statement. Statement periods end on the 15th and the last day of each month. All accounts must be kept current and paid in full before additional credit may be granted. If the account balance exceeds the requested credit limit, it is our policy to terminate charging privileges until the account is paid in full.

BY SIGNING THIS APPLICATION, I AUTHORIZE THE RELEASE OF CREDIT AND BANKING INFORMATION TO A REPRESENTATIVE OF COLVIN OIL COMPANY, INC.

Signature	Date
<input type="text"/>	<input type="text"/>

Type of account requested <input type="checkbox"/> Cardlock <input type="checkbox"/> Station Charge <input type="checkbox"/> Bulk Delivery	Amount of credit requested per month
	<input type="text"/>

Statement Delivery Method (Choose One) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-Mail	E-Mail Address and/or Fax Number
	<input type="text"/>