

Don Small and Sons Oil Dist. Co. Inc.

112 3rd ST NW Auburn, WA 98001

P.O. Box 626 Auburn, WA 98071

Office (800) 626-3213 FAX (253) 854-0457

PERSONAL CREDIT APPLICATION

TYPE OF ACCOUNT CARDLOCK (CFN) RESALE YES NO
 HEATING OIL RESALE NUMBER: _____
 GASOLINE _____
 DIESEL (ON ROAD) _____
 DIESEL (OFF ROAD) # OF CFN CARDS _____

PERSONAL INFORMATION:

NAME: _____ DATE: _____

ADDRESS: _____

CITY STATE ZIP

MAILING: _____

CITY STATE ZIP

CONTACT PHONE NUMBER: (____) _____

SOCIAL SECURITY NUMBER: _____

EMPLOYED BY: _____

HOW LONG: _____ WORK PHONE: (____) _____

HAVE YOU EVER FILED FOR BANKRUPTCY? YES NO

WHEN: _____

DO YOU CURRENTLY RENT OR OWN? RENT OWN

NEAREST RELATIVE NOT LIVING WITH YOU:

FULL NAME: _____

CONTACT PHONE NUMBER (____) _____

BUSINESS CREDIT REFERENCES:

NAME OF BANK: _____ PHONE: (____) _____

ACCOUNT NUMBER: _____

CHECKING

SAVINGS

This information is provided to you for the purpose of obtaining Credit. You and the references noted are authorized by me/us to exchange any information necessary in relation to this application, and are held harmless by me/us for this purpose.

If granted credit, I/we agree to pay our account with the terms on the face of the invoice. If paid late I/we agree to pay the finance charge that will be added to the account in the amount stated on the face of the invoice. I/we further agree to pay the balance due, finance charges, reasonable attorney's fees, and collection costs as may be fixed by the court or courts in which suit or action, including any appeal therein, is tried, heard, or decided.

Dated This _____ Day Of _____ 20____.

Signed: _____ Title: _____

