



# CREDIT APPLICATION INDIVIDUAL

Approved \_\_\_\_\_  
Credit Limit: \_\_\_\_\_ By: \_\_\_\_\_

Business Office  
P.O. Box 492200  
Redding, CA 96049-2200  
530-221-2588  
800-655-4427  
FAX 530-221-2579

### PRODUCTS REQUESTED:

- ( ) CARD LOCK  
TYPE OF CARDS (PLEASE CHECK APPROPRIATE BOX)
- DIESEL AND OIL NO. OF CARDS \_\_\_\_\_
- GAS AND OIL NO. OF CARDS \_\_\_\_\_
- ALL PRODUCT NO. OF CARDS \_\_\_\_\_  
(DSL/GAS/OIL)

- ( ) BULK DIESEL  
( ) BULK GAS  
( ) OILS, FLUIDS  
( ) OTHERS \_\_\_\_\_  
( ) HEATING FUEL  
( ) FUEL TYPE \_\_\_\_\_ TANK SIZE \_\_\_\_\_

**PLEASE TYPE OR PRINT ALL INFORMATION**

APPLICANT INFORMATION	LAST NAME		FIRST	INITIAL	BIRTHDATE	DRIVER'S LIC. NO.		SOCIAL SECURITY NO.		
	PHYSICAL ADDRESS				CITY	CNTY	STATE	ZIP	PHONE	HOW LONG? YRS                      MOS
	MAILING ADDRESS (IF DIFFERENT THAN ABOVE)				E-MAIL ADDRESS				HOW LONG? YRS                      MOS	
	PREVIOUS ADDRESSES (TO COVER 5 YEARS RESIDENCE)								HOW LONG? YRS                      MOS	
	OCCUPATION OR RANK		PRESENT EMPLOYER				PHONE		HOW LONG? YRS                      MOS	
	EMPLOYER'S ADDRESS									MONTHLY INCOME
SPOUSE OR CO-APPLICANT	NEAREST RELATIVE NOT LIVING WITH APPLICANT			ADDRESS			RELATIONSHIP		PHONE	
	LAST NAME		FIRST	INITIAL	BIRTHDATE	DRIVER'S LIC. NO.		SOCIAL SECURITY NO.		
	ADDRESS				CITY	STATE	ZIP	PHONE	HOW LONG? YRS                      MOS	
	PREVIOUS ADDRESSES (TO COVER 5 YEARS RESIDENCE)								HOW LONG? YRS                      MOS	
									HOW LONG? YRS                      MOS	
	OCCUPATION OR RANK		PRESENT EMPLOYER				PHONE		HOW LONG? YRS                      MOS	
	EMPLOYER'S ADDRESS									MONTHLY INCOME
HAVE YOU EVER HAD ANY PROPERTY REPOSSESSED? <input type="checkbox"/> YES <input type="checkbox"/> NO			DO YOU HAVE ANY LAW SUITS PENDING AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO		HAVE YOU EVER FILED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO		MILITARY RESERVE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE			
PERSONAL FRIENDS KNOWN OVER ONE YEAR				ADDRESS		CITY	STATE	ZIP	PHONE	
1.										
2.										

### BANK REFERENCES

BANK	BRANCH	ACCOUNT NUMBER	ADDRESS

### TRADE REFERENCES

TYPE	NAME	ADDRESS	CITY	STATE	ZIP	PHONE
(FUEL)						(   )
(   )						(   )
(   )						(   )

**TO CROSS PETROLEUM**

When making application, it is understood that an investigation of my credit history will be conducted, including information from credit reporting agencies.

Billing shall be issued twice each month and payment will be due in full within 10 days of invoice date. A service charge of 1 1/2% per month (18% annual) or 50 cents minimum, will be charged on any balance overdue and your account will be C.O.D. until brought current.

I personally guarantee payment of the account notwithstanding the manner or capacity in which I sign my name below and further notwithstanding the status I may have as an officer, director, limited partnership, limited liability company or corporation.

I hereby declare that the enclosed credit information is true and accurate to the best of my knowledge and belief. I hereby authorize any institution to release credit information concerning myself or the business I represent to CROSS PETROLEUM.

I understand that the venue and adjudications will be in Redding, California. I further agree to pay all reasonable attorney's fee and cost which may be incurred in collecting any past due balances.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE