

# Credit Application

Single  Joint

NAME OF COMPANY REQUESTING THE FOLLOWING CREDIT REPORT: FENCL OIL & LP CO., INC.

## INFORMATION

Name: (Required)		Phone#:	
Street Address: (Required)			
City: (Required)		State: (Required)	Zip Code: (Required)
Social Security Number: (Required)		DOB: (Required)	
Co-Applicant's Name:			
Co-Applicant's Social Security Number: (Required for Joint Application)			
Please Check One of the Following:	Rent <input type="checkbox"/>	Own <input type="checkbox"/>	Other <input type="checkbox"/>
Landlord's Name: (If Applicable)			
Landlord's Phone Number:			
How long at current address?			
Previous Street Address:			
City:	State:		ZIP Code:
Employer:	Work Phone Number:		
Occupation:	How Long at Current Job:		
Co-Applicant's Employer:	Work Phone Number:		
Occupation:	How Long at Current Job:		

## BANK & PERSONAL REFERENCES

Name of Bank:			
Address:			
City:		State:	ZIP Code:
Phone:	Contact Name:	Type of Accounts:	
Total Monthly Income:			
Reference Name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Years You've Known this Person:			
Reference Name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Years You've Known this Person:			
Previous Gas Supplier: (If Applicable)		Do You Own the Tank?:	
If Not, Who Owns the Tank?		Lease Amount:	
Yearly Gallons:		House <input type="checkbox"/> Other <input type="checkbox"/>	
Referred by:		How did you learn about our Company?:	

## AGREEMENT

1. Claims arising from invoices must be made within seven working days.
2. By submitting this application, you authorize Fencl Oil & L.P. Co. Inc. to make inquiries into the banking and business/trade references that you have supplied.

## SIGNATURES

Signature: (Required) Printed Name: Date:	Co-Applicant's Signature: (Required) Printed Name: Date:
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