



CREDIT APPLICATION INDIVIDUAL

Approved _____ By: _____
Credit Limit: _____

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

() 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 _____

PRODUCTS REQUESTED:

PLEASE TYPE OR PRINT ALL INFORMATION

APPLICANT INFORMATION				SPOUSE OR CO-APPLICANT					
LAST NAME		FIRST	INITIAL	BIRTHDATE		DRIVERS LIC. NO.		SOCIAL SECURITY NO.	
PHYSICAL ADDRESS		CITY	CNTY	STATE	ZIP	PHONE		HOW LONG?	YRS
MAILING ADDRESS (IF DIFFERENT THAN ABOVE)		E-MAIL ADDRESS						HOW LONG?	YRS
PREVIOUS ADDRESSES (TO COVER 5 YEARS RESIDENCE)								HOW LONG?	YRS
OCCUPATION OR RANK		PRESENT EMPLOYER		PHONE				HOW LONG?	YRS
EMPLOYER'S ADDRESS								HOW LONG?	YRS
NEAREST RELATIVE NOT LIVING WITH APPLICANT		ADDRESS		RELATIONSHIP				PHONE	
LAST NAME		FIRST	INITIAL	BIRTHDATE		DRIVERS LIC. NO.		SOCIAL SECURITY NO.	
ADDRESS		CITY	CITY	STATE	ZIP	PHONE		HOW LONG?	YRS
PREVIOUS ADDRESSES (TO COVER 5 YEARS RESIDENCE)								HOW LONG?	YRS
OCCUPATION OR RANK		PRESENT EMPLOYER		PHONE				HOW LONG?	YRS
EMPLOYER'S ADDRESS								HOW LONG?	YRS
HAVE YOU EVER HAD ANY PROPERTY REPOSSESSED?		DO YOU HAVE ANY LAW SUITS PENDING AGAINST YOU?		HAVE YOU EVER FILED BANKRUPTCY?		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	
1.		ADDRESS		CITY		STATE		ZIP	
2.		ADDRESS		CITY		STATE		ZIP	

BANK REFERENCES

BANK	BRANCH	ACCOUNT NUMBER	ADDRESS

TYPE	NAME	TRADE REFERENCES					PHONE
		ADDRESS	CITY	STATE	ZIP		
(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 / /