



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		
	PREVIOUS ADDRESSES (TO COVER 5 YEARS RESIDENCE)								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		
	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"/> ACTIVE <input type="checkbox"/> NO <input type="checkbox"/> INACTIVE	
	PERSONAL FRIENDS KNOWN OVER ONE YEAR			ADDRESS		CITY	STATE	ZIP	PHONE		
1.			ADDRESS		CITY	STATE	ZIP	PHONE			
2.			ADDRESS		CITY	STATE	ZIP	PHONE			

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