



# WHOLESALE FUELS

**FOR OFFICE USE ONLY**

Salesperson: \_\_\_\_\_

Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Price Level: \_\_\_\_\_

PHONE: 661-327-4900 \* FAX: 855-894-5400  
P.O. Box 82277 Bakersfield, CA 93380-2277

## PERSONAL & LPG CREDIT APPLICATION (COD)

PLEASE COMPLETE ALL AREAS:

NAME: LAST	FIRST	M	SSN	DOB:	
SPOUSE: LAST	FIRST	M	SSN	DOB:	
ADDRESS: STREET	CITY	STATE	ZIP	YEARS	OWN RENT
DAYTIME PHONE	EVENING PHONE	KEEP ME FULL	OR	I'LL CALL IN	

LANDLORD/MORTGAGE INFORMATION	ADDRESS:STREET	CITY	STATE	ZIP
LPG TO BE USED FOR:	HOME HEATING	HOT WATER HEATING	COOKING APPLIANCES	
APPROX SQ FT:	PART TIME RESIDENCE?		CUSTOMER OWNED TANK?	
	YES	NO	YES	NO
TANK TO BE LOCATED: ADDRESS	CITY	STATE	ZIP	SIZE

Should I/we fail to make payment according to the terms (Cash on Delivery) and our account is referred for collection or suit, I/we agree to pay for all collection costs, attorney fees, and court costs incurred. The undersigned individuals, recognizing that his or her individual credit history report may be pulled for collection purposes, hereby consents to and authorizes the use of a consumer credit report on the undersigned, by the above named creditor should it be necessary for collection purposes only.

\_\_\_\_\_  
SIGNATURE\_\_\_\_\_  
DATE\_\_\_\_\_  
SIGNATURE\_\_\_\_\_  
DATE