



PHONE: 661-327-4900 \* FAX: 855-894-5400  
 P.O. BOX 82277, BAKERSFIELD, CA 93380

## PERSONAL & LPG CREDIT APPLICATION

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?		
SERVICE ADDRESS	CITY	STATE	ZIP	SIZE

EMPLOYER	OCCUPATION	SINCE	INCOME	
MAILING ADDRESS	CITY	STATE	ZIP	PHONE
SPOUSE: EMPLOYER	OCCUPATION	SINCE	INCOME	
MAILING ADDRESS	CITY	STATE	ZIP	PHONE
BANK NAME	ADDRESS	CITY	PHONE	ACCOUNT NUMBER

I/we hereby apply for the extension of credit by WHOLESale Fuels, Inc. I/we believe that we are financially able to meet any commitments I/we make and I/we agree to pay all invoices in full when due according to your Credit Terms.

CREDIT TERMS: All invoices are payable in full 30 days from billing date. A finance charge may be assessed if payment of balance shown on your invoices are not paid in full within 30 days of the billing date. The finance charge will be at 1 1/2% per month or equal to an 18% ANNUAL PERCENTAGE RATE or such rate which may be permitted by local law.

Should I/we fail to make payment according to the terms and our account is referred for collection or suit, I/we agree to pay all collection costs, attorney fees, and court costs incurred.

The undersigned individuals, recognizing that his or her individual credit history may be a necessary factor in the evaluation of this credit application, hereby consents to and authorizes the use of a consumer credit report on the undersigned, by the above name credit grantor, from time to time as may be needed, in the credit evaluation process.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE