

NEWSOM OIL CO., INC. - 1503 W. 10<sup>th</sup> St. - Roanoke Rapids, NC 27870

**PERSONAL CREDIT APPLICATION**

**Phone – 252-537-3587 Fax – 252-537-8124 E-mail – newsomoil@newsomoil.com**

CONTACT INFORMATION

NAME : \_\_\_\_\_ SOCIAL SEC. NO. \_\_\_\_\_

MAILING ADDRESS : \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY : \_\_\_\_\_ STATE : \_\_\_\_\_ ZIP : \_\_\_\_\_

DELIVERY ADDRESS, If different : \_\_\_\_\_

CITY : \_\_\_\_\_ STATE : \_\_\_\_\_ ZIP : \_\_\_\_\_

PRIOR ADDRESS, If less than 5 years at new address : \_\_\_\_\_

CITY : \_\_\_\_\_ STATE : \_\_\_\_\_ ZIP : \_\_\_\_\_

CREDIT INFORMATION

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State : \_\_\_\_\_ Length of Employment : \_\_\_\_\_

Income : \_\_\_\_\_ Job Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Bank name: \_\_\_\_\_ Bank address: \_\_\_\_\_

Phone: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Employed by: \_\_\_\_\_

Income : \_\_\_\_\_

OTHER REFERENCES

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of Account: \_\_\_\_\_

AGREEMENT

1. All invoices are to be paid in full 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Newsom Oil Co., Inc. to obtain a credit report on yourself from the credit reporting agency of its choice.
4. You also authorize Newsom Oil Co., Inc. to provide credit information to the credit bureaus and companies that request written information on you.

SIGNATURES

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Products needed : Fuel Oil \_\_ LP Gas \_\_ Diesel \_\_ Gasoline \_\_ Motor Oil \_\_ Other \_\_\_\_\_