

Valdez Fuel Company

APPLICATION FOR CREDIT

P.O. Box 767
Valdez, Ak 99686
(907) 835-4558
Fax (907) 835-3718

Full Name _____ Date of Birth _____

Residence Address _____

Mailing Address _____

Previous Address _____

Home Phone _____ Driver's License No. _____

Work Phone _____ Social Security No. _____

Present Employer _____

Length of Employment _____ Position _____

Spouse's Name _____ Date of Birth _____

Driver's License No. _____ Social Security No. _____

Spouse's Employer _____

STRUCTURE TYPE: () Single Family House () Mobilehome () Commercial

OCCUPANTS: () Owner () Renter- If renter, please give name of owner below:

REFERENCES: _____

BANK REFERENCE: _____

Tank size: _____ Products used: _____

Estimated Annual Consumption: _____ Previous Supplier _____

If credit is extended by Valdez Fuel Company no down payment will be required at the time of each sale. The entire unpaid account balance, through the last day of the month, shall fall due and owing on the 15th of the following month. A 1 1/2% late payment (service) charge (18% per annum rate) will be charged and deemed earned on the unpaid principal balance of the account as of the last day of each calendar month, and written statement setting forth the unpaid principal account balance, the amount of the last late payment charge, and total account balance will be furnished on or about the 5th day of the succeeding calendar month. In the event that the entire account balance is not paid by the 15th of any calendar month, charges on the account made after the last day of the preceding month may, at the option of Valdez Fuel Company be declared to be immediately due and owing. In the event that Valdez Fuel Company retains legal council to assist it in collecting a delinquent account, the undersigned promises and agrees to pay all reasonable legal costs and attorneys fees actually incurred by Valdez Fuel Company.

I/We hereby authorize any institution to release credit information concerning myself/ourselves to Valdez Fuel Company and to disclose factual information regarding record of payment.

All information stated in this application is correct to the best of my/our knowledge.

Signed: _____ Date _____

Please circle your choice for fuel delivery:
WILL CALL OR Auto Fill

AUTOFILL (This service ceases any time an account becomes past due)