

Box 160  
Caldwell, Idaho 83606-0160  
(208) 459-6363  
1-800-669-8476



Box 5159  
Twin Falls, Idaho 83303-5159  
(208) 733-7033  
1-800-228-8864

(PLEASE PRINT OR TYPE)  
PERSONAL CREDIT APPLICATION

ACCOUNT NAME: \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_

MONTHLY PURCHASE AMOUNT: \$ \_\_\_\_\_  Heating Oil  24 Hr. Cardlock  Farm  Commercial  Retail  Other

DELIVERY DIRECTIONS: \_\_\_\_\_

**APPLICANT**

FULL NAME \_\_\_\_\_

SOC/SEC # \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

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

HOME PHONE \_\_\_\_\_ BUS. PHONE \_\_\_\_\_

HOME OWNED  HOME RENTED MONTHLY PMT \_\_\_\_\_

NUMBER OF YEARS AT CURRENT ADDRESS: \_\_\_\_\_

FORMER ADDRESS (If less than 3 years at current address)

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

CURRENT EMPLOYER \_\_\_\_\_

POSITION \_\_\_\_\_ YEARS THERE \_\_\_\_\_

MONTHLY GROSS INCOME \$ \_\_\_\_\_

FORMER EMPLOYER (If less than 3 years at current employment)

POSITION \_\_\_\_\_ YEARS THERE \_\_\_\_\_

NAME OF NEAREST RELATIVE (Not living with you)

ADDRESS \_\_\_\_\_ PH # \_\_\_\_\_

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

**CO-APPLICANT**

FULL NAME \_\_\_\_\_

SOC/SEC # \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

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

HOME PHONE \_\_\_\_\_ BUS. PHONE \_\_\_\_\_

HOME OWNED  HOME RENTED MONTHLY PMT \_\_\_\_\_

NUMBER OF YEARS AT CURRENT ADDRESS: \_\_\_\_\_

FORMER ADDRESS (If less than 3 years at current address)

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

CURRENT EMPLOYER \_\_\_\_\_

POSITION \_\_\_\_\_ YEARS THERE \_\_\_\_\_

MONTHLY GROSS INCOME \$ \_\_\_\_\_

FORMER EMPLOYER (If less than 3 years at current employment)

POSITION \_\_\_\_\_ YEARS THERE \_\_\_\_\_

NAME OF NEAREST RELATIVE (Not living with you)

ADDRESS \_\_\_\_\_ PH # \_\_\_\_\_

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

**CREDIT INFORMATION**

BANK NAME \_\_\_\_\_ BRANCH \_\_\_\_\_  CHECKING  SAVINGS  LOAN  CREDIT CARD

**CREDIT REFERENCES**

NAME \_\_\_\_\_ CITY/STATE \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME \_\_\_\_\_ CITY/STATE \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME \_\_\_\_\_ CITY/STATE \_\_\_\_\_ PHONE # \_\_\_\_\_

The above information is for the purpose of obtaining credit and is warranted to be true. I/We authorize United Oil to investigate my/our credit and financial responsibility at any time during the duration of this account. If the account is approved and opened I/we agree that:

- This account is due, in full, within the following terms: All invoices originated from the 1<sup>st</sup> through the 15<sup>th</sup> of each month are due on or before the 25<sup>th</sup> of that month. All invoices originated from the 16<sup>th</sup> through the end of each month are due on or before the 10<sup>th</sup> of the following month, unless otherwise noted on the invoice.
- In accordance with the Idaho laws, an interest rate of 21% will be charged on any account which is unpaid and past due. The interest and the outstanding invoices must both be paid in full before we can consider restoring the account to open status.
- Any account that becomes past due or over credit limit may be placed on C.O.D., "Cash-On-Delivery", without notice. United Oil reserves the right to withhold delivery, change the credit limit, or terminate this account at any time.
- Purchaser is subject to the jurisdiction of the state of Idaho and agrees to pay cost of collection, including reasonable attorney's fees and costs incurred to effect collection, with or without suit, including preparation, filing and foreclosure of any lien.

APPLICANT SIGNATURE \_\_\_\_\_ CO-APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**IMPORTANT NOTICE**

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of sex, race, color, religion, national origin, marital status or age.