Credit Application for NC Customers	Approved/D Account Nu	Denied By: umber:	Date:	elivery Addre
Personal Account Information	Prin	nary Product Used:		
*Name:	*SS#:	*Birthday:		*Phone #:
*Co-Buyer Name:	*SS#:	*Birthday:		Relationship:
*Buyer Email:	*Co-Buye	er Email:	Used:	Product
*Complete Address (Street, City, State, Zip Code):	Yes	in Keep Fill?	Own Home?	Number of Years
Employer:	Address:		vent of each nev	Phone #:
Co-Buyers Employer:	Address:	*		Phone #:
Landlord or Mortgage Holder	Address:			Phone #:
Nearest Relative not living at above residence:	Address:	w installation or switch o	on a od ot saio	Phone #:
Bank:	Address:	Y	own the tank?	Phone #:
Credit Reference Name:	Address:	copy of the Bill, of Sale.	lease attach a	Phone #:
Credit Reference Name:	Address:	all supplies the	ol brazar po si ili	Phone #:
was referred to Crossroads Fuel Service, Inc. by: Vellow Pages		☐ Friend/Relative:		
Crossroads EmployeeName Other:		☐ Saw our name on a truc	Source/Name k	abiyone asea

The undersigned has given the above information for the purpose of obtaining credit for goods and/or services to be rendered and represents that all information is accurate and complete and gives Crossroads Fuel Service, Inc. permission to verify information from above named sources or any other credit information providing sources. The undersigned agrees to pay for all goods and/or services provided when due. In the event that account balances are not paid when due, the undersigned agrees to pay a FINANCE CHARGE OF 1 1/2% AND/OR ANNUAL PERCENTAGE RATE OF 18% on all balances from the due date until paid. The undersigned agrees to pay reasonable attorney's fees and all costs incurred in collection.

Terms for this account are as follows unless otherwise stated: Net 10th of month following delivery.

Buyer:	Co-Buyer:
Date:	Date:

Please complete the back of the application.

(Please Circle One)

Hertford Office

Sunbury Office

Columbia Office

Ahoskie Office

Plymouth Office

			Primary	nollan	sonal Account Inform
			258*		iore:
		Birthday:			
	Product Used:	#2 Fuel Oil	Kerosene	Propane	
	Tank Size:	Tank #1	gallons Ta	ank #2	gallons
60	Would you like to	be on Keep Fill?	Yes	No	
	Would you like to	have a budget payment?	Yes	No	
		-1		*	
RC	PANE	•			
	Ponne P			A Sombless	
	Is this going to be	a new installation or swi	tch out?	ew Install	Switch Out
	Do you own the ta	nk? Yes	No	*	
	If yes, please attac	ch a copy of the Bill of Sa	ale.		
	What will it be use	ed for? Heater	Hot Water	Cooking	Fireplace Logs
		/			
			i	uel Service, Inc. by:	is referred to Causanuals Fr
				b	
	se provide any addition	onal information:			
leas					
leas		tenolis	ibne) & zersa [·
leas	ervices to be rendered an	islands. ning credit for goods and/or s		edimental syde	ondersigned has given the
leas	ervices to be rendered an	ning credit for goods and/or s		above information	enderstigned has given the
	ervices to be rendered and ervices for all cools and/or service for pay at earth areas to be due date until paid. The	ning credit for goods and/or s the undersigned agrees to pay or one, mean agrees to pay to 1836, on all balances from ti	for the purpose of obtain the providing sources. CENTAGE RATE OF	OR ANNUAL PER	endersigned has given the ve named sources or any o viced worm une viced worm une viced worm une viced worm une viced word in the en