

Credit Application

 Single Joint

NAME OF COMPANY REQUESTING THE FOLLOWING CREDIT REPORT:

INFORMATION

Name: (Required)

Phone#:

Street Address: (Required)

City: (Required)

State: (Required)

Zip Code: (Required)

Social Security Number: (Required)

Co-Applicant's Name:

Co-Applicant's Social Security Number: (Required for Joint Application)

Please Check One of the Following:

Rent Own Other

Landlord's Name: (If Applicable)

Landlord's Phone Number:

How long at current address?

Previous Street Address:

City:

State:

ZIP Code:

Employer:

Work Phone Number:

Occupation:

How Long at Current Job:

Co-Applicant's Employer:

Work Phone Number:

Occupation:

How Long at Current Job:

BANK & PERSONAL REFERENCES

Name of Bank:

Address:

City:

State:

ZIP Code:

Phone:

Contact Name:

Type of Accounts:

Total Monthly Income:

Reference Name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Years You've Known this Person:

Reference Name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Years You've Known this Person:

Previous Gas Supplier: (If Applicable)

Do You Own the Tank?:

If Not, Who Owns the Tank?

Lease Amount:

Yearly Gallons:

House Other

Referred by:

How did you learn about our Company?:

AGREEMENT

1. Claims arising from invoices must be made within seven working days.
2. By submitting this application, you authorize Petroleum Marketers and Convenience Stores of Iowa to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature: (Required)

Printed Name:

Date:

Co-Applicant's Signature: (Required)

Printed Name:

Date: