



1110 Rte. 55, Suite 204, Lagrangeville, NY 12540 | 845-463-7000 | info@buyriteoil.com

CREDIT APPLICATION

CUSTOMER NAME _____ DATE OF BIRTH _____

CUSTOMER DELIVERY ADDRESS _____ OWN/RENT _____

HOME PHONE # _____ WORK PHONE # _____

MAILING ADDRESS _____

EMPLOYER NAME & ADDRESS _____

NAME, ADDRESS & PHONE # NEAREST RELATIVE NOT LIVING WITH YOU _____

SPOUSE'S NAME _____ DATE OF BIRTH _____ SS# _____

SPOUSE'S EMPLOYER & ADDRESS & PHONE _____

PREVIOUS ADDRESS IF LESS THAN ONE (1) YEAR _____

BANK NAME _____

THE UNDERSIGNED UNDERSTANDS AND AGREES THAT, IF THIS ACCOUNT SHOULD BECOME DELINQUENT, THE UNDERSIGNED SHALL BE RESPONSIBLE FOR ATTORNEY/ COLLECTION FEES WHICH ARE COMPUTED AT THE RATE OF 1/3 OF THE UNPAID BALANCE. ACCOUNTS ARE SUBJECT TO LATE CHARGES ON ANY OVERDUE PAYMENTS.

IF YOU UNDERSTAND AND EXPECT TO COMPLY WITH THE ABOVE POLICY, PLEASE SIGN BELOW.

CUSTOMER SOCIAL SECURITY NUMBER _____

CUSTOMER SIGNATURE _____ SPOUSE'S SIGNATURE _____

DATE _____