



KENT OIL & PROPANE, INC.

P.O. Box 400, Nashville, MI 49073

Office: 517.852.9210

Fax: 517.852.0918

CREDIT APPLICATION

APPLICANT: _____

ADDRESS: _____

PREVIOUS ADDRESS: _____

PHONE: _____ DATE OF BIRTH: _____

SOCIAL SECURITY #: _____ DRIVERS LICENSE #: _____

EMPLOYER & ADDRESS: _____

LENGTH OF EMPLOYMENT: _____ GROSS MONTHLY INCOME: _____

CO-APPLICANT: _____

ADDRESS: _____

PREVIOUS ADDRESS: _____

PHONE: _____ DATE OF BIRTH: _____

SOCIAL SECURITY #: _____ DRIVERS LICENSE #: _____

EMPLOYER & ADDRESS: _____

LENGTH OF EMPLOYMENT: _____ GROSS MONTHLY INCOME: _____

CREDIT REFERENCES

OWN RENT FORMER FUEL SUPPLIER: _____

BANK: _____ CHECKING ACCOUNT #: _____

MORTGAGE HOLDER: _____ MONTHLY PAYMENT: _____

OTHER MONTHLY CREDIT OBLIGATIONS:

1. _____

2. _____

3. _____

4. _____

REFERENCES

COMPANY NAME: _____

PHONE: _____

ACCOUNT #: _____

COMPANY NAME: _____

PHONE: _____

ACCOUNT #: _____

ALL APPLICANTS MUST COMPLETE AND SIGN THIS SECTION:

1. If granted credit, it is agreed that all invoices will be paid within 30 days of invoice date or before the next delivery, whichever comes first.
2. It is agreed that 1.5% per month (18% annual) will be paid on all past due balances.
3. It is understood that the account will become Cash On Delivery (C.O.D.) if invoices are not paid within the above stated time.
4. My/our financial condition is satisfactory and I/we can meet all financial obligations.
5. It is understood that a \$30.00 service charge will be assessed for each returned check.
6. I agree to allow any listed references to be contacted.

DATE: _____

APPLICANT SIGNATURE: _____

CO-APPLICANT SIGNATURE: _____



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