



**Petro 49, Inc.**

dba Petro Marine Services, Alaska Oil Sales

**PERSONAL CREDIT APPLICATION**

Please mail or fax completed applications to

CREDIT REQUESTED

Name (First, Middle, Last)				Social Security Number	
Mailing Address	City	State	Zip	How long at address? Own Rent	
Physical Address	City	State	Zip	Home Phone	
Email (Required)				Mobile Phone	
Employer (Business name if self-employed)		Type of Business		Position	
Address (Street, City, State)		Work Phone		Length of Employment Years Months	
Previous Employer (if current employment is less than 2 years)		Position		Length of Employment Years Months	
Joint Applicant (First, Middle, Last Name)				Social Security Number	
Joint Applicant Employer		Type of Business		Position	
Address (Street, City, State)		Work Phone		Length of Employment Years Months	

**PETRO 49, INC. UTILIZES A PAPERLESS BILLING SYSTEM. ALL INVOICES AND STATEMENTS WILL BE EMAILED**

PAPER INVOICES AND STATEMENTS CAN BE ACCOMODATED BY REQUEST

**DELIVERY**

Automatic Delivery: **Yes** **No** | If yes, complete **Service Authorization Form**

Delivery Location:

**CREDIT POLICY**

1. Application for credit must be completed for each account.
2. All invoices are due and payable, IN FULL, within 30 days of the invoice date. A late charge at the rate of 0.875% per month will be added to the unpaid past due balance on the 30th of each month as long as the account remains past due. The applicant will be held responsible for interest, court costs, and attorney fees resulting from the collection of any amount due to Petro Marine Services.
3. An account that is thirty days (30) past due will be closed to further charges and automatic deliveries may be suspended.
4. In submitting this application, I authorize Petro Marine Services to investigate my credit record and consent to the use of a non-business consumer credit report, on the undersigned, in order to evaluate my credit worthiness. I further authorize Petro Marine Services to utilize my consumer credit report on the undersigned from time to time in connection with the extension or continuation of my credit. The undersigned knowingly consents to the use of such credit report consistent with the Federal Fair Credit Reporting Act as contained in 15 U.S.C. @ 1681 et seq.

I certify that everything stated in this application is correct to the best of my knowledge. I have read and agree to the terms of credit shown above.

**Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Joint Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Use Only**

**Account #** \_\_\_\_\_ **Credit Approved:** Yes No **Amount:** \_\_\_\_\_ **Terms:** \_\_\_\_\_

**Related Accounts:** \_\_\_\_\_ **Customer Type:** \_\_\_\_\_

**Approver:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## SERVICE AUTHORIZATION / AUTOMATIC DELIVERY INFORMATION

### SERVICE AUTHORIZATION

I/We the undersigned hereby authorize PETRO MARINE SERVICES, hereinafter referred to as the "Company," to deliver heating fuels and to keep an adequate supply in my/our storage at all times without further notice and to thereby provide Automatic Delivery Service to:

**Name** \_\_\_\_\_,

**Street** \_\_\_\_\_ **City,** \_\_\_\_\_ **Alaska.**

I/We agree that the Company shall not be liable or responsible for any damage resulting from an inadequate supply of fuel in the event of sudden changes in consumption without reasonable notice to the Company, or due to leaks or other loss of fuels not caused by negligence on the part of the Company. I/We understand that should we utilize wood stoves or sources of heat other than oil, an interruption of such use (i.e. mid-winter vacations and/or discontinued use of wood or supplemental heating source) will result in an increase in my oil consumption. I/We agree to give written notice to the Company prior to such an interruption. I/We further agree that in the event such notice was not given to the Company, the Company shall not be liable or responsible for any damage resulting from inadequate supply of heating fuel.

I/We agree to give the Company written notice of cancellation of service in the event that I/we desire to terminate Automatic Delivery Service. If such notice is given by mail, it will be sent by Certified or Registered Mail only, postage prepaid, return receipt requested. Said notice of cancellation shall be effective only when actually received by the Company, as determined by the date of the return receipt. I/We agree to pay, within ten (10) days of invoice, for all fuel delivered prior or on the same day as said notice of cancellation is received by the Company.

I/We further agree that the Company shall not be held liable for any damage that may result from non-delivery of fuel in the event delivery to the Company is temporarily discontinued or reduced due to strikes, weather conditions, or other conditions beyond its control, or for failure on my/our part to notify the Company of the times and dates that the dwelling will be vacant for any extended period of time, or other variables that would alter the normal fuel usage, or for my/our failure to make payments on account as agreed to in the application for credit with the Company, or any amendments to the application that have been agreed to, in writing, by the Company and myself/ourselves.

I/We promise to pay to the Company the full amount of all charges for fuel within agreed upon terms of payment. Upon default, Company can sue immediately, or at Company's option and without waiving any of its other rights. Company can extend credit and charge a Late Charge at the rate of 0.875% per month on the past due balance. Default occurs when there is failure to pay the full amount of fuel oil charges within 30 days.

**I/We agree to the above state Service Authorization**

**Customer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### AUTOMATIC DELIVERY INFORMATION

#### Heating Oil Tank Information

DF2

#### Tank Information

**# of Tanks:** \_\_\_\_\_ **Tank(s) size:** \_\_\_\_\_

Type of Heating Source (furnace, boiler, etc.) \_\_\_\_\_

**Locations/Identifying Information:**

#### Propane Tank Information

(not all plants/locations provide Propane Keep Full Services)

**# of Tanks:**

**Tank(s) size:**

**Locations/Identifying information:**

#### Ownership

Shoreside Petroleum Inc. Owned

Customer Owned

#### Propane Use

House Heat

Space Heat

Dryer

Water Heating

Generator

Cooking

Other (specify)

### Office Use Only

**Account:** \_\_\_\_\_ **Date App Received:** \_\_\_\_\_ **Date Entered K/F Route:** \_\_\_\_\_