



1145 Rte. 55, Suite 5, 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 _____