Delta Western, Inc.
ALASKA'S PETROLEUM DISTRIBUTOR

Corporate Office
420 L Street, Suite 101
Anchorage, AK 99501
907-276-2688
(800) 478-2688
Fax 1 (907) 276-3741

PLEASE CHECK SITE LOCATIONS

☐ Anchorage ☐ Naknek ☐ Haines ☐ Dillingham ☐ Dutch Harbor ☐ St. Paul Delta Fuel
☐ Juneau ☐ Yakutat ☐ Wrangell ☐ Reliable Oil ☐ **Bethel** ☐ St. George Delta Fuel

CONFIDENTIAL CREDIT APPLICATION -- INDIVIDUAL ACCOUNTS

For the purpose of obtaining credit from any DELTA WESTERN, INC. AND/OR JOINT VENTURE ("SELLER"), APPLICANT makes the following statements with the intent that SELLER relies on them as correct. APPLICANT agrees to advise SELLER if any information changes.

Applicant's Name:_____ Co-Applicant's Name:_____

Applicant's Social Security #:_____ Co-Applicant's Social Security #:_____

Home Address/City/State/Zip:_____

Mailing Address/City/State/Zip:_____

Home Phone:_____ Fax:_____ Years at Home Address:_____

Applicant's Employer:_____ Co-Applicant's Employer:_____

Employer Address:_____ Employer Address:_____

Employer City/State/Zip:_____ Employer City/State/Zip:_____

Employer Phone:_____ Employer Phone:_____

Years at Present Job:_____ Job Title:_____ Years at Present Job:_____ Job Title:_____

Yearly Income:_____ Supervisor:_____ Yearly Income:_____ Supervisor:_____

Indicate Fuel Use: ☐ Home ☐ Automobile **Estimated Monthly Purchases: $**

Heating Fuel Tank Capacity:_____ Location of Fuel Tank:_____

TRADE / CREDIT REFERENCES (INCLUDING PREVIOUS FUEL SUPPLIER)

Business Name:_____ Business Name:_____

Address:_____ Address:_____

City/State/Zip:_____ City/State/Zip:_____

Phone:_____ Acct #:_____ Phone:_____ Acct #:_____

BANK REFERENCE

Bank Name:_____ Acct #:_____ Phone:_____

Address/City/State/Zip:_____ Contact:_____

I/We hereby promise to pay Delta Western, Inc. for all charges billed for goods sold and services rendered within 15 days of date of billing unless otherwise noted. I/We understand that if default occurs, deliveries may be suspended if satisfactory arrangements have not been made with the Credit Department. Default is the failure to pay the full amount of fuel oil charges within 15 days after billing unless otherwise noted. I/We hereby authorize you or any credit reporting agency employed by you to investigate the references here in listed or any of the other information stated above to determine my qualification to establish an account. I/We certify that everything I/we have stated in this application is correct to the best of my/our knowledge.

If this account becomes delinquent and is assigned to a collection agency, a 25% collection fee will be added to the delinquent balance and charged to me/us.

APPLICANT'S SIGNATURE	DATE	CO-APPLICANT'S SIGNATURE	DATE
APPLICANT'S NAME (PRINTED)	DATE	CO-APPLICANT'S NAME (PRINTED)	DATE

REVISED 10/29/2003