

Corporate Offices 420 L. Street, Suite 101 Anchorage, AK 99501 (907) 276-2688 (800) 478-2688 Fax (907) 277-5270

## **CONFIDENTIAL APPLICATION -- INDIVIDUAL ACCOUNTS**

	SE CHECK LOCATIONS	☐ Anchorage ☐ Dillingh☐ Naknek ☐ St. Geo	am □ Dutch Harbor rge Delta Fuel □ St. Paul Delta			
			C. / INLET PETROLEUM CO. AN em as correct. APPLICANT agree			
FOR COD AND CREE	DIT APPLICANTS:					
Applicant's Name:			Co-Applicant's Name:	Co-Applicant's Name:		
Home Address/City/St	ate/Zip:					
Home Phone:		Fax:		Years at Home Add	ress:	
HEATING FUEL SER	VICE REQUIREME	NTS:				
Indicate Fuel Use: H	lome   Automol	oile □ Plane □	Auto-Refill ☐ (Requires 2	275 gal tank or larger) Call-Ir	1 <b></b>	
Heating System Type:		Monitor/Toyo	Type of Fuel: #1 🗖 #2	□ Blend □		
Tank Size/Below Grou	nd:Tar	nk Size/Above Ground:	Service To Begin:		<u> </u>	
Location of Fuel Tank:			Special Requirements		_	
FOR CREDIT APPLIC	ANTS ONLY:					
Applicant's Social Sec	urity #:		Co-Applicant's Social Securi	ty #:		
Applicant's Employer:			Co-Applicant's Employer:			
Employer Address:			Employer Address:			
Employer City/State/Zi	ip:		Employer City/State/Zip:			
Employer Phone:			Employer Phone:			
Years at Present Job:		Job Title:	Years at Present Job:	Job Title:		
Yearly Income:	Supe	rvisor:	Yearly Income:	Supervisor:	_	
TRADE / CREDIT R	EFERENCES (IN	ICLUDING PREVIOUS FU	EL SUPPLIER)			
Business Name:			Business Name:			
Address:			Address:			
City/State/Zip:			City/State/Zip:			
Phone:		_ Acct #:	Phone:	Acct #:		
BANK REFERENCE	<u>E</u>					
Bank Name:	Acct	#:	Phone:			
Address/City/State/Zip	o:		Cor	ntact:		
			***********			
days of date of billin monthly until fully pa Default is the failure or any credit reporting determine my qualif my/our knowledge.	ng unless otherwise aid and deliveries to pay the full and agency employication to establis Legal fees and co	se noted. I/We understand may be suspended if satis nount of fuel oil charges with yed by you to investigate the han account. I/We certify ests associated with collect	m Co. for all charges billed for a that if default occurs, invoice(stactory arrangements have not thin 30 days after billing unless he references here in listed or a that everything I/we have state ion are for buyer.  It is all charges billed for a collection agency, a 25% collection	s) will accrue a .875 percent t been made with the Credit l s otherwise noted. I/We here any of the other information s ed in this application is corre	finance charge Department. by authorize you stated above to ct to the best of	
APPLICANT'S SIG	NATURE	DATE	CO-APPLICAN	IT'S SIGNATURE	DATE	
APPLICANT'S NAM	ME (PRINTED)	DATE	CO-APPLICAN	IT'S NAME (PRINTED)	DATE	