



HOLTZMAN OIL CORPORATION
Application for Credit – Residential Fuel Card

SECTION 1 – APPLICANT			
NAME (first, middle, last)		HOME TELEPHONE:	CELL NUMBER:
MAILING ADDRESS	CITY	STATE	ZIP CODE
PHYSICAL ADDRESS	CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER	DATE OF BIRTH	EMAIL ADDRESS	
EMPLOYER NAME AND ADDRESS			
EMPLOYER TELEPHONE	EMPLOYER WEBSITE	YEARS EMPLOYED	
NEAREST RELATIVE NOT LIVING WITH YOU	ADDRESS OF RELATIVE	TELEPHONE OF RELATIVE	
DO YOU OWN OR RENT YOUR HOME? <input type="checkbox"/> Own <input type="checkbox"/> rent IF RENTING, PROVIDE NAME AND TELEPHONE OF LANDLORD			
SECTION 2 – CO-APPLICANT			
NAME (first, middle, last)		HOME TELEPHONE:	CELL NUMBER:
MAILING ADDRESS	CITY	STATE	ZIP CODE
PHYSICAL ADDRESS	CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER	DATE OF BIRTH	EMAIL ADDRESS	
EMPLOYER NAME AND ADDRESS			
EMPLOYER TELEPHONE	EMPLOYER WEBSITE	YEARS EMPLOYED	
NEAREST RELATIVE NOT LIVING WITH YOU	ADDRESS OF RELATIVE	TELEPHONE OF RELATIVE	
DO YOU OWN OR RENT YOUR HOME? <input type="checkbox"/> Own <input type="checkbox"/> rent IF RENTING, PROVIDE NAME AND TELEPHONE OF LANDLORD			
SECTION 3 – MILITARY STATUS			
ARE YOU OR YOUR SPOUSE ACTIVE OR RETIRED MILITARY? IF YES, PLEASE LIST BRANCH			
SECTION 4 – BANKING			
NAME OF BANK	ACCOUNT NO.	ROUTING NUMBER	
WOULD YOU LIKE TO SET UP AUTO PAY WITH THIS BANK? PAYMENTS WILL PROCESS ON INVOICE DUE DATE.	<input type="checkbox"/> Yes, please draft payments automatically from this account. ATTACH VOIDED CHECK	<input type="checkbox"/> No to auto draft option	
SECTION 5 - TANK AND PRODUCT INFORMATION			
TANK SIZE:	TANK LOCATION:	PRODUCT (circle one): #2 Fuel / Dyed Kerosene / Clear Kerosene	
<p><u>NOTICE TO APPLICANT:</u> Credit terms are Prox. 20. All charges made in a given month are due and payable in full by the 20th of the following month. I/We hereby authorize Holtzman Oil Corp. to obtain information from my bank required to approve credit as listed on this application. I/We authorize Holtzman Oil Corp. to make inquiries considered necessary (including requesting reports from consumer reporting agencies and other sources) in evaluating this application, and subsequently for purposes of reviewing, maintaining or collecting this account. This contract shall be construed under the laws of the State of Virginia, and the parties agree that jurisdiction and venue in any legal action relating to this contract shall be established, instituted, and prosecuted in the Courts of the County of Shenandoah, State of Virginia. To the extent permitted under applicable law, you will be responsible for interest at the rate of 18% per annum on all amounts not paid within terms and for all collection costs including reasonable attorney's fees, court costs and any other fees necessary for collection of any unpaid balance or for any other legal action relating to this contract.</p>			
APPLICANT'S SIGNATURE: _____		DATE: _____	
CO-APPLICANT'S SIGNATURE: _____		DATE: _____	