

**CROSSROADS FUEL SERVICE, INC.**

Credit Application for NC Customers

Approved/Denied By: \_\_\_\_\_ Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Personal Account Information**

**Primary Product Used:**

*Name:	*SS# :	*Birthday:	*Phone #:
*Co-Buyer Name:	*SS#:	*Birthday:	Relationship:
*Buyer Email:	*Co-Buyer Email:		
*Complete Address (Street, City, State, Zip Code):		Own Home? Y N	Number of Years
Employer:	Address:	Phone #:	
Co-Buyers Employer:	Address:	Phone #:	
Landlord or Mortgage Holder	Address:	Phone #:	
Nearest Relative not living at above residence:	Address:	Phone #:	
Bank:	Address:	Phone #:	
Credit Reference Name:	Address:	Phone #:	
Credit Reference Name:	Address:	Phone #:	

I was referred to Crossroads Fuel Service, Inc. by:

Yellow Pages  Printed Ad \_\_\_\_\_  Friend/Relative: \_\_\_\_\_

Crossroads Employee \_\_\_\_\_  
Name

Source/Name  
 Saw our name on a truck

Other: \_\_\_\_\_

**Terms & Conditions:**

The undersigned has given the above information for the purpose of obtaining credit for goods and/or services to be rendered and represents that all information is accurate and complete and gives Crossroads Fuel Service, Inc. permission to verify information from above named sources or any other credit information providing sources. The undersigned agrees to pay for all goods and/or services provided when due. In the event that account balances are not paid when due, the undersigned agrees to pay a **FINANCE CHARGE OF 1 1/2% AND/OR ANNUAL PERCENTAGE RATE OF 18%** on all balances from the due date until paid. The undersigned agrees to pay reasonable attorney's fees and all costs incurred in collection.

Terms for this account are as follows unless otherwise stated: Net 10<sup>th</sup> of month following delivery.

Buyer: \_\_\_\_\_

Co-Buyer: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Please complete the back of the application.**

(Please Circle One)

Hertford Office

Sunbury Office

Columbia Office

Ahoskie Office

Plymouth Office

Delivery Address (if different from billing address): \_\_\_\_\_

- |    |  |                       |                       |         |
|----|--|-----------------------|-----------------------|---------|
| 1. | Product Used:                            | #2 Fuel Oil           | Kerosene              | Propane |
| 2. | Tank Size:                               | Tank #1 _____ gallons | Tank #2 _____ gallons |         |
| 3. | Would you like to be on Keep Fill?       |                       | Yes                   | No      |
| 4. | Would you like to have a budget payment? |                       | Yes                   | No      |

**PROPANE**

- |    |   |        |             |            |                |
|----|---|--------|-------------|------------|----------------|
| 1. | Is this going to be a new installation or switch out? |        | New Install | Switch Out |                |
| 2. | Do you own the tank?                                  | Yes    | No          |            |                |
|    | If yes, please attach a copy of the Bill of Sale.     |        |             |            |                |
| 3. | What will it be used for?                             | Heater | Hot Water   | Cooking    | Fireplace Logs |

Please provide any additional information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please complete the back of the application.