## Ron's Fuel, Inc. CREDIT APPLICATION

			1101				
PRIMARY APPLICANT INFORMATION							
Name:		Γ					
Date of birth:		SSN: Lic #/ST:					
Current address:		Γ					
City:		State:		ZIP Code:			
Email:	Ph		Phone #:	none #:			
Name of a relative not residing with you:							
Address:	Address:		P		hone #:		
City:		State:		ZIP Code	ZIP Code:		
Relationship:							
MORTGAGE/LANDLORD IN	IFORM/	ATION					
Bank/Landlord Name:							
Telephone #: Address:							
City:		State:		ZIP Code	ZIP Code:		
Own Rent		Monthly payment o	r rent:	How long	How long?		
(Please circle one)							
Previous address: (If less than 2 years at abov	ve)						
City:	State:	ZIP Code	ZIP Code:				
Owned Rented (Please circle one)		Monthly payment or rent:		How long	How long?		
EMPLOYMENT INFORMATION							
Current employer:							
Employer address:				How long?			
Phone:	E-mail		Fax:	Fax:			
City:		State:		ZIP Code	ZIP Code:		
Position:		Hourly Salary (G (Please circle)	Gross Ar	Gross Annual income:			
Previous employer:							
Address:			How lor		g?		
Phone:	E-mail			Fax:	Fax:		
City:		State:		ZIP Code	ZIP Code:		
Position:		Hourly Salary (Gross) (Please circle)		Gross Ar	Gross Annual income:		
CREDIT CARDS		•					
Name		Account no. Current		nt balance	t balance Monthly		
Valid Credit Card #				Exp Date CVV#		CVV#	

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CREDIT APPLICATION							
AUTO LOANS							
Auto loans		Account no.	Balance		Monthly payment		
OTHER LOANS, DEBTS, OR OBLIGATIONS							
Description		Account no.	Amount				
OTHER ASSETS OR SOURCES OF INCOME							
Description			Amount per mont		or value		
CO-APPLICANT INFORMAT	ION, I	F A JOINT ACCOUN	ΝT				
Name:				1			
Date of birth: SSN:			Phone:				
Current address: (If different from applicant)							
City:		State:		ZIP Code:			
Own Rent (Please circle one)		Monthly payment or rent:		How long?			
Previous address: (If less than 2 years at above	e)						
City:		State:		ZIP Code:			
Owned Rented (Please circle one)		Monthly payment or rent:		How long?			
CO-APPLICANT EMPLOYMENT INFORMATION							
Current employer:							
Employer address:				How long?			
Phone:	E-mail	:		Fax:			
City:		State:		ZIP Code:			
Position:		Hourly Salary (Gross) (Please circle)		Gross Annual income:			
Previous employer:							
Address:				•			
Phone:	E-mail	•		Fax:			
City:		State:		ZIP Code:			
Position:		Hourly Salary (G (Please circle)	ross)	Gross Annual income:			

## Ron's Fuel, Inc. CREDIT APPLICATION

CREDIT APPLICATION						
Name of a relative not residing with you:						
Address:	Phone:					
City:	State: ZIP Code			:		
Relationship:						
CREDIT CARDS						
Name	Account no.	Current balance		Monthly payment		
AUTO LOANS						
Auto loans	Account no.	Balance		Monthly payment		
		L				
OTHER LOANS, DEBTS, OR OBLIGATIONS						
Description	Account no.	Amount				
OTHER ASSETS OR SOURCES OF	INCOME					
Description	Amount per month or value					
I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize Ron's Fuel, Inc to verify the information provided on this form as to my credit and employment history.						
I understand that my credit card information as provided on this application will be saved on file for future transactions on my account. I hereby authorize Ron's Fuel to charge my credit card, without further notice, on any balance in default of the credit terms.						
Signature of applicant				Date		
Signature of co-applicant, if for joint account				Date		