Sandhill Oil Company CREDIT APPLICATION

APPLICANT INFORMATION									
Name:									
Date of birth:		SSN:					Phone:		
Current address:		AF	1						
City:		State:					ZIP Code:		
Own Rent (Please circl	e)	Monthly	payment	or ren	nt:		How long?		
Previous address:						7 11			
City:		State:				ZIP Code:			
Email:		Email Statement: Yes No							
EMPLOYMENT INFORMATION									
Current employer:									
Employer address:						How long?			
Phone: E-mail:						Fax:			
City:	City:				- /		ZIP Code:		
Position:	Hourly	Salary	(Pleas	se circle)		Annual income:			
Previous employer:									
Address:					How long?				
Phone: E-mail:							Fax:		
City:		State:					ZIP Code:		
Position:		Hourly	Salary	(Pleas	se circle)		Annual income:		
Name of a relative not residing with you:									
Address:							Phone:		
City:		State:					ZIP Code:		
Relationship:									
CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT									
Name:									
Date of birth:		SSN:					Phone:		
Current address:				-1					
City:		State:			- 1		ZIP Code:		
Own Rent (Please circl	e)	Monthly	payment	or ren	nt:		How long?		
Previous address:									
City:		State:					ZIP Code:		
Email:		Email Statement: Yes No							
EMPLOYMENT INFORMATION									
Current employer:									
Employer address:							How long?		
Phone:					Fax:				
City:	State:				U	ZIP Code:			
Position:	Hourly	Salary	(Pleas	se circle)		Annual income:			
Previous employer:									
Address:									
Phone:	E-mail:					Fax:			
City:	State:				ZIP Code:				
Position:		Hourly Salary (Please circle)				Annual income:			
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CREDIT APPLICATION										
APPLICATION INFORMATION CONTINUED										
Name of a relative not residing with you:										
Address:			Phone:							
City:	State:		ZIP Code:							
Relationship:										
MORTGAGE - BANK OR PERSONAL LOANS - AUTO LOANS - CREDIT CARDS										
Name	Account no.	Current ba	lance	Phone Number						
			41							
				V/01						
BUSINESS INFORMATION										
Start Date of Business: Type of Business: (Garage, Farm Etc.)										
LIST YOUR PRINCIPLE SOURCES OF SUPPLY										
Name of Company	Account no.	City		Telephone						
				1						
BANK – CREDIT REFERENCES										
Bank Name	Account no.	Telephone	# - Contact P	erson						
				7						
	47.5			T S						
CREDIT QUESTIONS										
May we contact your suppliers, credit regarding this application?Ye	If No, Please state reason:									
Will you be using a Purchase Order S	System?YesNo	1 21								
Will you have restrictions as to who raccount?YesNo	may charge on your	If Yes, Plea	ase List all Au	thorized Personnel:						
The undersigned applicant certifies that the information given is accurate and complete and further agrees to permit Sandhill Oil, Inc. to use this information to obtain additional required credit information. If, after reviewing all credit information this applicant is approved. It is agreed and understood by the undersigned and Sandhill Oil, Inc. that all purchases made on open accounts will be Paid In Full on or before the 10 th day of the month following the date of purchase. No unpaid account will be increase after the 25 th , unless by special agreement. Further, any account which has an unpaid balance at the end of the month in which payment was due is assessed a finance charge on the unpaid portion at the highest rate allowed by law until such time as the account has been brought current. In the event Sandhill Oil, Inc employs an attorney or collection agency to collect any amount due from applicant, the applicant shall be responsible for any and all costs of collection, including but not limited to attorney fees, court costs, and any contingency fees paid to a collection agent.										
Signature of applicant	Date									
Signature of co-applicant, if for joint	Date									
Office Use Only										

Office Use Only

Replies from References: Discounts____Prompt____Slow___COD only____

Bank Comments:_____Credit Report:_____
Approved By:______Date______