

Consolidated Oil, LLC

4360 NC Hwy 705 Robbins, NC 27325

910-464-6222 910-948-3333

Name/Address:

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Own or Rent How long at this address? _____

Phone Number: _____ Work Phone: _____

Land Lord Contact Information:

Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Employment Information

Employer: _____ Job Title: _____

Address: _____ Supervisor's Name: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Date From: _____ Date To: _____

Special Instructions for delivery:

Tank Size:

Type of Fuel:

I hereby certify 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 the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Applicant Signature

Date