



SERVING THE KENAI SINCE 1962

Customer Application

Please complete the following:

Date: _____

| Name | First | Middle | Last | Driver's License # |
|------|-------|--------|------|--------------------|
| | | | | |

Spouse _____ / _____

| First | Middle | Last | Driver's License # |
|-------|--------|------|--------------------|
| | | | |

| | | |
|--------------------|-------------|-------------|
| Phone: Home | Work | Cell |
|--------------------|-------------|-------------|

Mailing Address: _____

| | | | |
|-----------------|------|-------|-----|
| Street / PO Box | City | State | Zip |
|-----------------|------|-------|-----|

| Physical Address: | | | | |
|-------------------|------|-------|-----|--|
| Street / PO Box | City | State | Zip | |
| | | | | |

Applicants Email:

Employer: _____ **Phone:** _____

Email: _____

Personal References :

1. _____

| Name | Relationship | Phone Number |
|------|--------------|--------------|
|------|--------------|--------------|

2. _____

| Name | Relationship | Phone Number |
|------|--------------|--------------|
|------|--------------|--------------|

Additional Names Authorized on Account :

1. _____

| Name | Phone Number |
|------|--------------|
|------|--------------|

[illegible]

CREDIT POLICY

1. Application for credit must be completed for each account.
2. Business accounts will be required to submit a commercial application.
3. All account balances are due and payable, IN FULL, 30 days from date of invoice. A finance charge .875% monthly, will be added to the unpaid balance on the 30th of each month so long as the account remains past due. Applicant will be held responsible for interest, court costs, and attorney fees resulting from the collection of any amount due Doyle's Fuel Service.
4. An account that is thirty days past due will be closed to further charges and automatic deliveries may be suspended.
5. In submitting this application, I authorize Doyle's Fuel Service to investigate my credit record and consent to the use of a non-business consumer credit report, on the undersigned, in order to evaluate my credit worthiness. I further authorize Doyle's Fuel Service to utilize a consumer credit report on the undersigned from time to time in connection with the extension or continuation of my credit. The undersigned knowingly consents to the use of such credit report consistent with the Federal Fair Credit Reporting Act as contained in 15 U.S.C. @ 1681 et seq.

I certify that everything stated in this application is correct to the best of my knowledge. I have read and agree to the terms of credit shown above.

Applicant's Signature: _____ Dated: _____

Joint Applicant's Signature _____ Dated: _____

PHONE (907) 283-7655 * FAX (907) 283-3677 * PO BOX 582 KENAI, AK 99611