



PO Box 630
 120 S Broadway
 Pelican Rapids, MN 56572
 P. 218-863-2811

Acct # _____

Credit Application for Individuals or Sole Proprietors

Applicant: _____
First Name M.I. Last Name

Co Applicant: _____
First Name M.I. Last Name

Mailing Address: _____
PO Box / Street City State Zip

Own _____ or Rent _____ If renting from whom _____

How long at present address? _____

Phone: _____ Cell Phone: _____

Email Address: _____

Delivery Address: _____

Credit Information

Applicant:
 Date of Birth _____
 SSN: _____
 Employer _____
 How Long _____
 Work Phone _____

Co Applicant:
 Date of Birth _____
 SSN: _____
 Employer _____
 How Long _____
 Work Phone _____

Product and Services Needed

Home Fuel Oil #1: _____ Propane Bulk _____ Propane Bottle _____
 Home Fuel Oil #2: _____ Tank Size: _____
 Farm Diesel/Gas: _____

Purchases made during one month are due in full before the end of the following month. A finance charge of 1.5% per month (18% annual percentage yield) will be assessed on past due balances.

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.

Signature: _____

Date: _____

Signature: _____

Date: _____