



THOMPSON'S OIL & PROPANE

#2 Fuel
Kerosene
Propane
Diesel
Gasoline



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CREDIT APPLICATION

ACCOUNT # _____ CBC: Y ___ N ___ CLNS () DAV ()

NAME ON ACCOUNT (last, first, middle initial) _____

DATE OF BIRTH: ___/___/___ SOCIAL SECURITY NUMBER: ___/___/___

MAILING ADDRESS: _____

TOWN: _____ STATE: _____ ZIP CODE: _____

DELIVERY ADDRESS: _____

HOME PHONE:(_____) _____ - _____ OWN/RENT: _____ HOW MANY YEARS _____

MORTGAGE HOLDER/LANDLORD: _____

ADDRESS 5 YEARS AGO: _____

EMPLOYER'S NAME: _____ TELEPHONE # _____ HOW LONG _____

PREVIOUS EMPLOYER: _____ TELEPHONE # _____ HOW LONG _____

JOINT APPLICANT (last, first, middle initial): _____

DATE OF BIRTH: ___/___/___ SOCIAL SECURITY NUMBER: ___/___/___

EMPLOYER'S NAME: _____ TELEPHONE # _____ HOW LONG _____

PREVIOUS FUEL SUPPLIER: _____

BANK: _____ BRANCH: _____

THREE CREDIT REFERENCES:

NAME: _____ PHONE #: _____

NAME: _____ PHONE #: _____

NAME: _____ PHONE #: _____

BEFORE YOU SIGN: PLEASE READ ACCOMPANYING TERMS OF CREDIT AGREEMENT.

I HEREBY AUTHORIZE YOU OR ANY CREDIT REPORTING AGENCY EMPLOYED BY YOU TO INVESTIGATE THE REFERENCES HEREIN LISTED OR ANY OF THE OTHER INFORMATION STATED ABOVE TO DETERMINE MY QUALIFICATIONS FOR A CREDIT ACCOUNT.

APPLICANT'S SIGNATURE AND DATE

CO-APPLICANT'S SIGNATURE AND DATE