

APPLICATION FOR CREDIT

Please fill out for our records only.

AUTH FUELS

507 North Main St.

P.O. Box 345

East Longmeadow, MA 01028

Mr. _____
Ms. _____ Spouse's Name _____

Address _____ City _____

State, Zip _____ How Long? _____ Own/Rent _____

Phone Number _____ Social Security Number _____

Employed by _____ Address _____

Position _____ How Long _____

Emergency Contact Person and Phone Number _____

Our terms are net 30 days with a \$.02 per gallon discount if paid within 10 days.

We reserve the right to make a Finance Charge computed by a periodic rate of 1.5% per month which is an annual percentage rate of 18% on amounts over 30 days old, and to collect all collection costs.

The above information is for the purpose of obtaining credit and is otherwise warranted to be true. I agree to pay all bills upon receipt of statement or as otherwise expressly agreed.

I hereby authorize Auth Fuels, any credit bureau or other investigative agency employed by Auth Fuels, to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility. As per the Fair Credit Reporting Act, you may obtain a copy of the credit information that was gathered by Auth Fuels using the information you provided above.

PLEASE READ ABOVE BEFORE SIGNING

DATE _____ SIGNATURE _____