

DOLAN OIL SERVICE, INC.

CREDIT APPLICATION

NAME		SOCIAL SECURITY NO.		SPOUSE NAME		PHONE		
ADDRESS						HOW LONG		
IF LESS THAN FIVE YEARS AT ABOVE ADDRESS, GIVE PREVIOUS ADDRESS								
EMPLOYMENT	COMPANY			POSITION			HOW LONG	
	ADDRESS						PHONE	
	SPOUSE EMPLOYER			POSITION			HOW LONG	
	PREVIOUS IF LESS THAN ONE YEAR							
<input type="checkbox"/> OWNS		<input type="checkbox"/> RENTING		MTGE HOLDER OR LANDLORD & ADDRESS		OVER 21	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> BUYING								<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE
PREVIOUS SUPPLIER								
RELATIVE (NOT LIVING WITH)		ADDRESS		RELATIONSHIP		PHONE		
CREDIT REFERENCES	1. NAME & ADDRESS			ACCT. NO.		TYPE		
	2.							
	3.							
SPECIAL DELIVERY INSTRUCTIONS <input type="checkbox"/> DELIVER TO <input type="checkbox"/> PHONE				TANK SIZE		GALS.		
				OIL IN TANK		GALS.		
				ANNUAL CONSUMP		GALS.		
TYPE SYSTEM	<input type="checkbox"/> HA	<input type="checkbox"/> VENT ALARM	BURNER SERVICE CONTRACT WILL BE MAILED <input type="checkbox"/>	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> PAY AS NEEDED <input type="checkbox"/> OTHER				TERMS
	<input type="checkbox"/> STEAM	<input type="checkbox"/> AUTO FILL GRADE OIL #						
	<input type="checkbox"/> HW	<input type="checkbox"/> WILL CALL						
<input type="checkbox"/> SWH							<input type="checkbox"/> REGULAR - PAY BY MONTHLY STATEMENT	
							<input type="checkbox"/> LOAD TO LOAD	
							<input type="checkbox"/> BUDGET AMOUNT \$	
							<input type="checkbox"/> CREDIT LIMIT \$	
CUSTOMER SIGNATURE				DATE		ACCEPTED		
						DATE		