

3938 Stillwell-Beckett Road • Hamilton, Ohio 45013 • 513-863-7080 • Fax: 513-863-7129

PERSONAL APPLICATION FOR CREDIT

Name:		Spouse Name:			
Social Security Number:		Spouse SS#:			
Address:					
Street		City		State	Zip
How long have you been at th	e above address	s?			
E-mail address		_ Phone #_		_Cell #	
Previous Address(If within three (3) Years) Street		City		State	Zip
Employer Name:					
Employer Address:					
Employer Phone Number:		How 1	ong employed he	ere?	
Bank Reference:					
Name of B	ank	Telephone #	Branch / Location	Type of Account	Contact Person
Name of B	ank	Telephone #	Branch / Location	Type of Account	Contact Person
Other Credit References:					
1 2					
3					
Name of Creditor	Address			Telephone #	
Have you ever had credit with S	tephenson Oil Co	o. before? Y	Yes [] No []	(Please check one.)	
I/We are making this application and state above referenced Individual(s) agrees to one and one half percent interest month regarding this account. Past Due account the above information is certified to lobtain credit reports.	p pay according to the ly on past due accounts the may be turned over	e terms and cornts). Individua ver to a Collecti	nditions established by l(s) will notify Stepher on Agency and collect	Stephenson Oil Conson Oil Conson Oil Conson Will be cha	. (a Finance Charge ing of any changes rged if applicable.
Signed:		Date			