



**RESIDENTIAL CREDIT APPLICATION**

**Applicant's** Full Name \_\_\_\_\_.

Social Security # \_\_\_\_\_ . Driver's License # \_\_\_\_\_.

Physical Address \_\_\_\_\_.

Mailing Address (if different) \_\_\_\_\_.

Home Phone # \_\_\_\_\_ . Work # \_\_\_\_\_ . Cell # \_\_\_\_\_.

Date of Birth \_\_\_\_\_ . E-Mail \_\_\_\_\_.

Employer Name \_\_\_\_\_.

Physical Address \_\_\_\_\_.

Employer Contact Name \_\_\_\_\_ . Employer Phone # \_\_\_\_\_.

# of Years at Current Job \_\_\_\_\_ . Monthly Income \$ \_\_\_\_\_ . Occupation \_\_\_\_\_.

**Co-Applicant's** Full Name \_\_\_\_\_.

Social Security # \_\_\_\_\_ . Driver's License # \_\_\_\_\_.

Date of Birth \_\_\_\_\_ . Work # \_\_\_\_\_ . Cell # \_\_\_\_\_.

Employer Name \_\_\_\_\_.

Physical Address \_\_\_\_\_.

Employer Contact Name \_\_\_\_\_ . Employer Phone # \_\_\_\_\_.

# of Years at Current Job \_\_\_\_\_ . Monthly Income \$ \_\_\_\_\_ . Occupation \_\_\_\_\_.

I/WE UNDERSTAND THAT IF CREDIT IS APPROVED THAT I/WE ARE RESPONSIBLE FOR ANY OUTSTANDING CREDIT BALANCE OWED TO FIELDING'S OIL & PROPANE, INC.. BALANCES ARE PAYABLE BASED ON TERMS AND LIMITS SET FORTH BY THIS SAID COMPANY. BALANCES OVER 30 DAYS WILL BE SUBJECT TO A LATE CHARGE OF 1 ½ % PER MONTH (18 % PER ANNUM). I/WE ARE RESPONSIBLE FOR ALL COLLECTION COSTS, WHICH MAY INCLUDE ATTORNEY'S FEES, COURTS COSTS, ETC. FOR ANY PAST DUE ACCOUNTS.

**Applicant's Signature** \_\_\_\_\_ . Date \_\_\_\_\_.

**Co-Applicant's Signature** \_\_\_\_\_ . Date \_\_\_\_\_.