



www.alaskafuelservices.com

(907) 374-9992

Fax: (907) 479-2287
P.O Box 60172 Fairbanks, AK 99706

E-Mail: frontdesk@alaskafuelservices.com

Auto Fill Application

Applicant _____ **SSN#** _____ **DOB:** _____

Property Address _____

Are you ☐ owner or ☐ tenant. If Tenant, please list owner's name and phone number: _____

Mail Address _____ **Zip Code** _____

Telephone Number _____ **E-Mail** _____

Employer _____ **Work Phone #** _____

Position _____ **Time of Employment** _____ **Monthly Income** _____

Co-Applicant _____ **SSN#** _____ **DOB:** _____

If renting list landlord as co-applicant

Mail Address _____ **Zip Code** _____

Telephone Number _____ **E-Mail** _____

Employer _____ **Work Phone #** _____

Position _____ **Time of Employment** _____ **Monthly Income** _____

Would you like to setup account on AutoPay? ☐ Yes ☐ No (Credit Card on File will be charged after delivery)

I promise everything in this application is true to the best of my knowledge. I promise to pay Alaska Fuel Services for all invoices within 30 days of delivery date. If I default, I acknowledge that automatic deliveries will be stopped. Overdue balances will accrue a finance charge of 10.5% per annual. I authorize Alaska Fuel Services to obtain credit reports with the application. I agree if my account becomes delinquent, it may be referred to small claims. This application serves as authorization to access premises and top off fuel tank. To cancel autofill please contact office to complete cancellation form.

Applicant Signature _____ **Date** _____

Co-Applicant Signature _____ **Date** _____

Tank size

☐300 ☐500 ☐1000

Brief description of house, tank location, delivery instructions / Additional comments:

