



## PERSONAL/JOINT CREDIT APPLICATION & CUSTOMER AGREEMENT

This is a credit application, applicant's statement and customer agreement for an individual/joint account. Please complete and return to McIntosh Oil Company, PO Box 7009 Station A, Canton, Ohio 44705 or fax to 330-453-2213. If you have questions, please feel free to call 330-453-8407 or 1-800-541-7055. Thank You

*Please Print or Type*

### *Applicant*

Name \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

How Long at this Address \_\_\_\_\_ Do you Own or Rent \_\_\_\_\_ Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Monthly Income \$ \_\_\_\_\_ Amount of Credit Requested \$ \_\_\_\_\_ Date of Birth mo \_\_\_\_ day \_\_\_\_ yr \_\_\_\_

Place of Employment \_\_\_\_\_ Years There \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

Product or service requested (card access, heating oil, off road diesel, etc.) \_\_\_\_\_

### *Spouse or Co-Applicant*

Name \_\_\_\_\_ Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Address (if different from Applicant's) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_ Years there \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

I/We authorize MCINTOSH OIL CO. its affiliates or subsidiaries, hereto known as the Creditor, to make whatever credit inquiries it deems necessary in connection with this credit application or in the course of review or collection of any credit extended in reliance on the application.

I/We authorize and instruct any person, institution, business and/or consumer reporting agency to compile and furnish the Creditor any information it may have or obtain in response to such credit inquiries and agree that same shall remain in the creditor's property whether or not credit is extended.

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All information on this application is declared to be a true representation of fact for the purpose of obtaining the credit requested and any willful misrepresentation on this application could result in criminal action.

If approved I/we understand credit will no extend past net thirty (30) days nor will credit extend beyond the amount approved. I/we acknowledge and accept the Creditors right to discontinue service at any time for any reason and use any legal means necessary to collect any delinquent account(s) and such account may be charged interest of 2% monthly or the maximum allowed by law.

I/we agree to pay any and all costs associated with the collection of this account including court costs, Attorneys fees and administrative costs. I/we agree any legal action will take place in any court at any location with the choice of venue solely at the Creditors discretion.

I/we agree any and all returned checks are to be subject to the maximum fee or damages allowed by law.

I/we understand the Creditor will not be held responsible for any damage done to person or property. I/we assure easy access to tank and fill receptacle and no person or animal will be a hazard to any employee of the Creditor.

**Applicant**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Co-Applicant**

Signature \_\_\_\_\_ Date \_\_\_\_\_

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