



Office: 907-276-2688  
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## CONFIDENTIAL APPLICATION -- INDIVIDUAL ACCOUNTS

**PLEASE CHECK  
SITE LOCATIONS  
BELOW**

→  Anchorage  Bethel  Dillingham  Dutch Harbor  Fairbanks  Haines  Juneau  Naknek  Sitka  St. George  Yakutat  
 For the purpose of obtaining credit from any DELTA WESTERN, INC., DBA DELTA WESTERN PETROLEUM AND/OR JOINT VENTURE ("SELLER"), APPLICANT makes the following statements with the intent that SELLER relies on them as correct. APPLICANT agrees to advise SELLER if any information changes.

**FOR COD AND CREDIT APPLICANTS:**

Applicant's Name \_\_\_\_\_ Co-Applicant's Name: \_\_\_\_\_  
 Home Address/City/State/Zip: \_\_\_\_\_  
 Mailing Address/City/State/Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Years at Home Address: \_\_\_\_\_

**HEATING FUEL SERVICE REQUIREMENTS:**

Indicate Fuel Use: Home  Automobile  Plane  Auto-Refill  (Requires 275 gal tank or larger) Call-In   
 Heating System Type: \_\_\_\_\_ Monitor/Toyo: \_\_\_\_\_ Type of Fuel: #1  #2  Blend   
 Tank Size/Below Ground: \_\_\_\_\_ Tank Size/Above Ground: \_\_\_\_\_ Service To Begin: \_\_\_\_\_  
 Location of Fuel Tank: \_\_\_\_\_ Special Requirements: \_\_\_\_\_

**FOR CREDIT APPLICANTS ONLY:**

Applicant's Social Security No.: \_\_\_\_\_ Co-Applicant's Social Security No.: \_\_\_\_\_  
 Applicant's Employer: \_\_\_\_\_ Co-Applicant's Employer: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_ Employer Address: \_\_\_\_\_  
 Employer City/State/Zip: \_\_\_\_\_ Employer City/State/Zip: \_\_\_\_\_  
 Employer Phone: \_\_\_\_\_ Employer Phone: \_\_\_\_\_  
 Years at Present Job: \_\_\_\_\_ Job Title: \_\_\_\_\_ Years at Present Job: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Yearly Income: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Yearly Income: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**TRADE / CREDIT REFERENCES (INCLUDING PREVIOUS FUEL SUPPLIER)**

Business Name: \_\_\_\_\_ Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Account #: \_\_\_\_\_ Phone: \_\_\_\_\_ Account #: \_\_\_\_\_

**BANK REFERENCE:**

Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address/City/State/Zip: \_\_\_\_\_ Contact: \_\_\_\_\_

I/We hereby promise to pay Delta Western, Inc., / Delta Western Petroleum for all charges billed for goods sold and services rendered within 30 days of date of billing unless otherwise noted. I/We understand that if default occurs, invoice(s) will accrue a 875 percent finance charge monthly until fully paid and deliveries may be suspended if satisfactory arrangements have not been made with the Credit Department. Default is the failure to pay the full amount of fuel oil charges within 30 days after billing unless otherwise noted. I/We hereby authorize you or any credit reporting agency employed by you to investigate the references here in listed or any of the other information stated above to determine my qualification to establish an account. I/We certify that everything I/we have stated in this application is correct to the best of my/our knowledge. Legal fees and costs associated with collection are for buyer. If this account becomes delinquent and is assigned to a collection agency, a 25% collection fee will be added to the delinquent balance and charged to me/us.

APPLICANT'S SIGNATURE	DATE	CO-APPLICANT'S SIGNATURE	DATE
APPLICANT'S NAME PRINTED	DATE	CO-APPLICANT'S NAME PRINTED	DATE

Credit Manager Approval:	Site:
Date:	Terms:
Approved Credit Limit:	