



2634 State Route 49
 West Monroe, NY 13167
 (Ph) 315-676-4431 (Fax)315-668-6844

Credit Application

Residential Applicant

Individual Name: _____ Phone# _____
 Joint Applicant Name: _____ Cell# _____
 Address: _____
 Date of Birth: _____ Social Security#: _____
 Email: _____

I understand that my signature below authorizes North Shore Oil Company, Inc. to check my credit worthiness by requesting a credit report.

 Signature Date

COMMERCIAL APPLICANT

Corporation Partnership Sole Proprietorship

Company Name: _____
 DBA (if different): _____
 Address: _____
 Phone: _____ Fax: _____
 Date Business Established: _____ Amount of Credit Requested: \$ _____
 Federal Tax ID or Social Security Number: _____
 Types of Products You Will Purchase: _____

Names, Titles, and Social Security Numbers of Your Principals:

Name: _____ Title: _____
 Address: _____ Social Security No.: _____
 Name: _____ Title: _____
 Address: _____ Social Security No.: _____

Are you exempt from any taxes? YES NO (If yes, please attach a tax exempt form.)

TRADE REFERENCES

Name: _____	Acct# _____	Name: _____	Acct# _____
Address: _____		Address: _____	
Phone: _____	Fax# _____	Phone: _____	Fax# _____

BANK REFERENCES

Checking Account #: _____ Savings Account #: _____
 Phone: _____ Fax# _____ Contact Person: _____
 Name of Bank: _____ Address: _____

I represent that the above information is true and is given to include to extend credit to the applicant. My company and I authorize to make such credit investigation as sees fit, including contacting the above trade references and banks and obtaining credit report. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to any and all information concerning the financial and credit history of my company and myself. I have read the terms and conditions stated below and agree to all of these terms and conditions.

Authorized Signature: _____ Printed Name: _____
 Title: _____ Date: _____