

CONSUMER CREDIT APPLICATION

IS THIS A JOINT APPLICATION? ? YES ? NO. IF YES, APPLICANT 1 SHOULD FILL IN THE SPACES ON THE LINES NUMBERED 1. APPLICANT 2 SHOULD FILL IN THE SPACES NUMBERED 2. IF ANY INFORMATION IS THE SAME FOR BOTH APPLICATIONS, APPLICANT 2 MAY WRITE IN "SAME".

NAME 1.				DATE OF BIRTH / /	#DEPENDENTS	PHONE NUMBER	SOCIAL SECURITY #
2.				/ /			
ADDRESS		STREET	CITY	STATE	ZIP	PREVIOUS ADDRESS	
1.						STREET CITY STATE ZIP	
2.							
EMPLOYER (NAME/ADDRESS) IF RETIRED, LIST "RETIRED"				BUSINESS PHONE	POSITION	HOW LONG	DEPT.
1.							GROSS MO. SALARY
2.							
PREVIOUS EMPLOYER			HOW LONG	OTHER INCOME: INCOME FROM ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE PAYMENTS NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO RELY ON SUCH INCOME IN APPLYING FOR CREDIT		SOURCE (NAME, ADDRESS, DESCRIPTION) MO AMT.	
1.							
2.							
? OWN	MO PAYMENT	INCLUDES TAXES ? YES	MTG BALANCE	MTG HOLDER OR LANDLORD		CHECKING ACCT AT	SAVINGS ACCT AT
1. ? RENT		? NO Then List Annual Amt. \$_____					
? OWN	MO PAYMENT	INCLUDES TAXES ? YES	MTG BALANCE	MTG HOLDER OR LANDLORD		CHECKING ACCT AT	SAVINGS ACCT AT
2. ? RENT		? NO Then List Annual Amt. \$_____					
LIST ALL FINANCE COMPANIES AT WHICH YOU HAVE HAD CREDIT (Paid Loans Only)				APPL 1. PREVIOUS BANKRUPTCY? ? JUDGEMENTS? ? GARNISHMENT? ?			
1.				APPL 2. PREVIOUS BANKRUPTCY? ? JUDGEMENTS? ? GARNISHMENT? ?			
				EITHER APPLICANT LIST NAME, ADDRESS & PHONE OF NEAREST RELATIVE AT DIFFERENT ADDRESS			
LIST ALL DEBTS TO BANKS, STORES, FINANCE COMPANIES, CREDIT UNIONS AND OTHERS. INCLUDE ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE							
APPLICANT 1's CREDITORS			BALANCE	MO. PMT.	APPLICANT 2's CREDITORS		BALANCE MO. PMT.
AUTO LOAN AT					AUTO LOAN AT		
YEAR _____ MAKE _____					YEAR _____ MAKE _____		

INFORMATION: All information given in this application is true, correct and complete, and is given for the purpose of obtaining credit from you. I authorize you to verify any information given in the application. In addition, I authorize you to obtain any information you feel is necessary in connection with this application or in connection with any review, update, extension, renewal or collection of any credit you extend as a result of this application. Finally, I authorize you to give information about me and your credit experience with me to others such as banks, stores, and credit reporting agencies.

ALL ACCOUNTS ARE SUBJECT TO A FINANCE CHARGE FOR LATE PAYMENT. THIS CHARGE IS COMPUTED AT AN ANNUAL PERCENTAGE RATE OF 18% (MONTHLY RATE OF 1 1/2%) ON THE TOTAL PAST DUE BALANCE. UPON APPLICANT(S) DEFAULT IN PAYMENT OF ANY ACCOUNT HOME SERVICE OIL COMPANY SHALL BE ENTITLED TO RECOVER ITS COSTS OF COLLECTION, INCLUDING A REASONABLE ATTORNEY FEE.

KEEPING APPLICATION: I agree that you may keep this application Whether or not you approve it.

RETURN TO
HOME SERVICE OIL COMPANY
P.O. BOX 9
BARNHART, MO 63012

Applicant 1 Signature: _____ Date _____

Applicant 2 Signature: _____ Date _____