



Post Office Box 637  
Elizabethtown, North Carolina 28337

If you are applying for credit, please print this page, complete the application form and bring it with you or fax application to (910) 862-2894.

### Credit Application

Service Requested: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

SS# or Federal I.D.#: \_\_\_\_\_ Drivers Lic #: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Home Owned: \_\_\_\_\_ or Rented: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Did you have a previous account with another gas company ? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the name of the company? \_\_\_\_\_

Please check all that apply to your account usage:

- |                          |                         |                 |
|--------------------------|-------------------------|-----------------|
| _____ High Sulfur Diesel | _____ Low Sulfur Diesel | _____ Fuel Oil  |
| _____ Gas                | _____ Kerosene          | _____ Motor Oil |
| _____ Lubes              | _____ Heating & Air     | _____ Service   |

I certify that the above information given is accurate and correct to the best of my knowledge. I have been explained Campbell Oil & Gas Company's policy on credit & terms of credit. I also understand that if my account at any time exceeds 90 days old it will be turned over to the Credit Manager for collection. If collection is not successful, my account will be turned over to an attorney for legal action or to an outside collection agency. Collection fees and any other fees incurred by Campbell Oil Company will be billed to my account and I will take responsibility for these fees. I also understand and give permission for Campbell Oil & Gas Company to check my credit.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_