SST OIL

POST OFFICE BOX 990327 REDDING, CA 96099-0327
PHONE: (530) 241-1167 FAX: (530) 241-7683

I, _____ hereby authorize, _____,
(Applicant's name) (Applicant's bank name)
to provide SST Oil with an account rating on my account(s) specified below

I am applying for credit for the following purpose: (please check those that apply)

_____ Kerosene _____ CFN/Cardlock Fuels

_____ Truck & Trailer _____ Tankwagon

Requested credit amount per month: $_____

_____ _____ _____
Applicant's Signature Date Applicant's Daytime Phone #

BANK NAME		ACCOUNT(S) NUMBER(S)
ADDRESS		
CITY, ST, ZIP		
TELEPHONE		

Please note: If any information is omitted, application will be returned.

*** * * * * * * * * * * * * * * * SECTION BELOW IS FOR BANK USE ONLY. * * * * * * * * * * * * * * * ***

DATE OPENED:	HIGH:	MEDIUM:	LOW:

Any NSF checks: _____ Opened Loans: _____

Verified by: _____