



**SST OIL CREDIT APPLICATION**  
**P.O. BOX 990327, REDDING, CA 96099-0327**  
**PHONE:(530) 241-1167 FAX: (530) 241-7683**  
 PLEASE PRINT OR TYPE

REQUESTING CREDIT FOR: (PLEASE CHECK AND ACCOUNT TYPE)	TANKWAGON	TRUCK & TRAILER	CFN	REQUESTED AMOUNT:	SITE NO.
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**\*\*\*PERSONAL INFORMATION\*\*\***

NAME	SPOUSE		
SOCIAL SECURITY NO.	SPOUSE SOCIAL SECURITY NO.		
STREET ADDRESS	CITY	STATE	ZIP
PHONE NO.	DAYTIME NO.		

**\*\*\*EMPLOYER INFORMATION\*\*\***

EMPLOYER	HOW LONG -YEAR(S)	MONTH(S)	
ADDRESS	CITY	STATE	ZIP
PHONE NO.			

**\*\*\*BUSINESS INFORMATION\*\*\***

IS YOUR FIRM A : (PLEASE CHECK)	CORPORATION	PARTNERSHIP	INDIVIDUAL	FEDERAL TAX I.D. NO.	TYPE OF BUSINESS
BUSINESS NAME					
BUSINESS ADDRESS		CITY	STATE	ZIP	
PHONE NO.		FAX NO.			

**\*\*IF CORPORATION /PARTNERSHIP PLEASE LIST THE FOLLOWING BELOW:**

OFFICER/PARTNER	SOCIAL SECURITY NO.
OFFICER/PARTNER	SOCIAL SECURITY NO.
OFFICER/PARTNER	SOCIAL SECURITY NO.

**\*\*\*BANK INFORMATION\*\*\***

ACCOUNT TYPE: (PLEASE CHECK)	PERSONAL	BUSINESS	CHECKING ACCOUNT NO.	SAVINGS ACCOUNT NO.
BANK NAME:				
BANK ADDRESS:		CITY	STATE	ZIP
CREDIT REFERENCE	ADDRESS		PHONE NO.	
CREDIT REFERENCE	ADDRESS		PHONE NO.	
CREDIT REFERENCE	ADDRESS		PHONE NO.	
PERSON RESPONSIBLE FOR ORDERING			TITLE	

**\*\*\*\*\*IF FOR RESALE, ATTACH A RESALE CERTIFICATE\*\*\*\*\***

We hereby certify that the above information is true and correct to the best of my (our) knowledge. If approved, we agree to pay all charges according to the terms and conditions as stated by SST Oil, Inc. If we fail to do so, then we agree to pay any late charges of 2% per month, collection expenses, any reasonable attorney's fee, as adjourned by the Court, or service charges if collections proceedings are instituted. We hereby authorize you conduct an investigation of our credit.

SIGNATURE	DATE	SIGNATURE	DATE
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**SST Oil, Inc.**

P. O. Box 990327

Redding, CA 96099-0327

I, \_\_\_\_\_ hereby authorize, \_\_\_\_\_  
(your name) (your bank name)

to give an account rating on my account(s) to SST Oil, Inc.

Credit for:

\_\_\_\_\_ Kerosene

\_\_\_\_\_ CFN Cardlock

\_\_\_\_\_ Truck & Trailer

\_\_\_\_\_ Tankwagon

Requested credit amount per month: \$ \_\_\_\_\_

\_\_\_\_\_ signature \_\_\_\_\_ date \_\_\_\_\_ daytime phone #

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

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

**\*ALL CREDIT APPLICATIONS ARE SUBJECT TO A \$25.00 PROCESSING FEE UPON APPROVAL OF CREDIT\***

\*\*\*\*\* Do not complete below: **FOR BANK USE ONLY** \*\*\*\*\*

DATE OPENED:	HIGH:	MEDIUM:	LOW:

Any NSF checks: \_\_\_\_\_ Opened Loans: \_\_\_\_\_

Verified by: \_\_\_\_\_