

PLYMOUTH OIL SERVICE INC.

25 Burr Rd PO BOX 297, Plymouth, CT 06782 HOD#179

www.plymouthoilct.com

CREDIT APPLICATION

Date_____

Applicant Name_____ Phone_____

SS#._____-_____-_____ Drivers License No._____

Current Address_____ email_____

City_____ State_____ Zip Code_____

Length of time at residence :_____ (yrs)_____ (mos)

Employer_____ Job Title _____

Employer Address_____ Phone_____

Length of time employed with above employer:_____ (yrs)_____ (mos)

BANK INFORMATION

Bank Name_____ Address_____

Personal References

Name	Relationship	Telephone
_____	_____	_____
_____	_____	_____

I understand that Plymouth Oil Service reserves the right to charge finance charges of 1.5% monthly or 18% APR on any invoice with a remaining balance after 30 days from date of invoice until paid in full. It is my responsibility to pay such charges if they are assessed for negligence to pay on account.

X:_____ Date:_____