Bonanza Fuel, LLC

P.O. Box 1129
Nome, AK 99762
(907) 387-1201
FAX (907) 443-3063

SNC Shareholder or Descendant? Yes _____ No _____

PERSONAL APPLICATION FOR FUEL ACCOUNT

APPLICANT NAME	**CO-APPLICANT NAME**
Mailing Address	**Physical Address**
Property Owner Name	
Monthly Mortgage or Rent	**Size of fuel tank**

Do you request AUTO-PAY?(charges card following deliveries) Credit Card Type: ( ) VISA ( ) MasterCard
Card Number: _____-_____-_____-_____   Expiration Date: _____/_____
Cardholder Signature:

APPLICANT INFORMATION	**CO-APPLICANT INFORMATION**
Home & Cell Phone	**Home & Cell phone**
E-Mail Address	**E-Mail Address**
DATE OF BIRTH	**DATE OF BIRTH**
DRIVERS LIC/STATE ID#	**DRIVERS LIC/STATE ID#**
SSN	**SSN**
EMPLOYER	**EMPLOYER**
EMPLOYER ADDRESS	**EMPLOYER ADDRESS**
YEARS THERE	**YEARS THERE**
Present MONTHLY income	**Present MONTHLY income**

Credit References (*please list 2 if you are a homeowner requesting credit*) **ALL RENTERS ARE PRE-PAY ACCOUNTS ONLY**

Name	**Name**
Address	**Address**
Phone	**Phone**

I understand all invoices are due in full, 20 days from the date of the invoice. Amounts greater than 20 days past due will be assessed 1.5% each month. Outstanding balances beyond 60 days may be turned over to collections and I will be responsible for any additional or increased fees, including legal fees associated with the collection procedure. I authorize Bonanza Fuel, LLC. to verify all information as needed, including but not limited to pulling a personal credit report through a 3rd party vendor, contacting references on the credit application and researching court records to establish credit with Bonanza Fuel, LLC. I understand that Bonanza Fuel, LLC. reserves the right to: limit the amount of credit purchases by customers, deny credit to any customer and change rates when the market dictates change; refuse service if conditions are deemed hazardous, environmentally unsafe or unsanitary.

__Credit will no longer be extended to those that have a past due balance greater than 45 days.__

_____   _____
Applicant Signature   **Date**

_____   _____
Co-Applicant Signature   **Date**

FOR OFFICE USE ONLY
- PPO
- **Approved Credit Amount**
$_____
Initial_____ Date_____