



2801 3rd St., Tillamook, OR 97141  
Phone (503) 842-2172 Fax (503) 842-8448

### APPLICATION FOR CREDIT

#### Business Account

#### Personal Account

Company _____	Bill To _____
President/Owner _____	Account Contact _____
Account Contact _____	Billing Address _____
Billing Address _____	Street/Delivery Address _____
Street/Delivery Address _____	City, State, Zip _____
City, State, Zip _____	Phone _____
Phone _____	Cell _____ Fax _____
Cell _____ Fax _____	E-Mail _____
E-Mail _____	Employer _____ How Long _____
EIN _____ Years In Business _____	SSN _____

**Applying For** (check all that apply):     Shell Station Charge Cards     Delivery     CFN Cards

**Types Of Fuels Used:**     Gasoline     Diesel     PUC Diesel     Off-Highway Diesel

**Heating Oil:** Tank Size?     Furnace Oil     Stove Oil     Keep Full     Will Call

### CREDIT REFERENCES

**\*\*Do not list banks, credit cards, phone companies as they will not provide credit information**

Name \_\_\_\_\_

Address \_\_\_\_\_

Account Number \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Account Number \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Account Number \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**If you do not have local credit references, we will accept your credit report. You can access your free credit report by going online to [www.freecreditreport.com](http://www.freecreditreport.com)**

PLEASE LIST ANY REPOSSESSIONS, GARNISHMENTS, SMALL CLAIMS, OR COLLECTION ACTION TAKEN AGAINST YOU. INCLUDE NAME, ADDRESS, AND PHONE NUMBER OF PERSON TAKING THE ACTION AND DATES ACTION TAKEN.

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

**COLLECTION COST AND ATTORNEY FEES**

IF THIS ACCOUNT IS PLACED IN THE HANDS OF AN ATTORNEY DUE TO A DEFAULT IN THE PAYMENT OR PERFORMANCE OF ANY TERMS OF THE CREDIT AGREEMENT, THE CUSTOMER SHALL PAY, IMMEDIATELY UPON DEMAND, SHELDON OIL COMPANY'S REASONABLE ATTORNEY FEES, AND COLLECTION COST, EVEN THOUGH NO SUIT OR ACTION IS FILED, AND ANY OTHER REASONABLE FEES OR EXPENSES INCURRED.

IF ANY SUIT OR ACTION IS INSTUTUTED TO ENFORCE ANY OF THE TERMS OF THIS ACCOUNT THE PARTY NOT PREVAILING SHALL PAY THE PREVAILING PARTY WHAT THE COURT MAY DETERMINE TO BE REASONABLE FOR THE PREVAILING PARTY'S ATTORNEY FEE FOR TRIAL OR ANY APPEAL OR BY PETITION FOR REVIEW.

**SHELDON OIL COMPANY TERMS**

ACCOUNTS ARE DUE AND PAYABLE, IN FULL, ON THE 10<sup>TH</sup> OF THE MONTH FOLLOWING EACH BILLING PERIOD. CARDLOCK ACCOUNTS ARE SUBJECT TO INVALIDATION OF ALL CARDS IF ACCOUNT BECOMES PAST DUE.

ALL ACCOUNTS BALANCES NOT PAID WITHIN 10 DAYS WILL ACCRUE INTEREST AT 18 % PER YEAR ( 1.5% PER MONTH) ON THE UNPAID BALANCES UNTIL FULLY PAID.

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I, THE ABOVE NAMED APPLICANT, HAVE READ, UNDERSTOOD, AND ACCEPT THE COLLECTION COSTS AND ATTORNEY FEES, AND SHELDON OIL COMPANY TERMS.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

PHONE-HOME: \_\_\_\_\_ WORK: \_\_\_\_\_



## CREDIT INFORMATION RELEASE AUTHORIZATION

Date: \_\_\_\_\_

To: \_\_\_\_\_

In accordance with Federal Regulation known as the "Safeguard Rule" (16 CFR 314.2 (b)) this is to authorize you, and at my direct request, to furnish **Sheldon Oil Company, Inc.** with any and all credit information concerning my account.

I contemplate doing business with **Sheldon Oil Company, Inc.** and want them to have all the information there is available on my firm or me as an individual. Therefore, I would appreciate your complying with **Sheldon Oil Company Inc.'s** request for credit information concerning me as an individual or the firm I am connected with, which is:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
Print Name Title Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Date Signed

*\*This form for charging at Sheldon Oil service stations only\**

**CUSTOMER/EMPLOYEE NAME:** \_\_\_\_\_ Return to: Sheldon Oil Co.  
**CONTACT NAME:** \_\_\_\_\_ 2801 3rd Street  
 Tillamook, OR 97141

CARD	DRIVER # OR NAME <i>(Required)</i>	4-DIGIT PIN # <i>(Required)</i> <i>*Note: Each card MUST have a different PIN#</i>	ODOMETER PROMPT? <i>Y or N</i>	AUTHORIZATION CODE (For product restrictions) <i>SEE LIST BELOW</i>	VEHICLE LICENSE PLATE # or MAKE/MODEL <i>(Optional)</i>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

**Authorization Code Numbers:**

- 1 = All Products (Fuel & Merchandise\*)
- 2 = Fuel Only
- 3 = Gasoline Only
- 4 = Diesel Only
- 5 = All Products, No Alcohol or Tobacco
- 6 = All Products, No Alcohol
- 7 = All Products, No Tobacco
- 8 = Other (*Write special instructions above*)

*\*Merchandise = Groceries, oils,  
propane, alcohol, tobacco, and  
miscellaneous store products*

