

**ROMINE FUEL INC.  
CREDIT APPLICATION  
615 11TH AVE.  
PO BOX 1451  
OROVILLE, WA 98844  
509-476-3610**

Applicant Information: (Note: If you are currently a Pacific Pride Cardholder we can not issue you a card.)

Full Name:

Date of birth:	SSN:	Phone:
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Current mailing address:	Email:
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City:	State:	ZIP Code:
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Own    Rent    (Please circle)	Monthly payment or rent:	How long?
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**EMPLOYMENT INFORMATION**

Current employer:

Employer address:	How long?
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Phone:	E-mail:	Fax:
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City:	State:	ZIP Code:
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Position:	Hourly    Salary    (Please circle)	Annual income:
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**BANKING INFORMATION**

Bank Name and Branch:	Account #
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Address:	Phone:
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City:	State:	ZIP Code:
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**PLEASE LIST 3 CREDIT REFERENCES**

NAME	ADDRESS	PHONE #

Name of a relative not residing with you:

Address:	Phone:
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City:	State:	ZIP Code:
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Relationship:

Estimated Monthly Use of Unleaded:	Gallons:
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Estimated Monthly Use of Diesel:	Gallons:
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Estimated Monthly Use of Heating Oil:	Gallons:
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I authorize Romine Fuel to request a consumer and business credit report for purposes of determining my current and continued credit worthiness. The permissible purpose (s) for which the report is being obtained certifies the report will not be used for any other purpose and will remain confidential. I also agree: that if this account is opened I agree to pay each invoice within 30 days. To pay a 1.5% service charge on any invoices thirty one days and older. To pay attorneys fees in the event that collection efforts become necessary.

**I personally guarantee payment of this account. I certify that the above information on this credit application is true and complete.**

Signature of applicant	Date
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Signature of co-applicant, if for joint account	Date
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