

SAUDER FUEL, INC.
1976 BOWMANVILLE ROAD
P.O. Box 518
ADAMSTOWN, PA 19501
(717) 484-0900 or (717) 721-9560

RESIDENTIAL CREDIT APPLICATION

NAME _____ DATE OF BIRTH _____
LAST FIRST MIDDLE

ADDRESS _____
STREET NO. P. O. BOX CITY STATE ZIP

CHECK ONE: OWN RENT YEARS THERE _____ PHONE _____

EMAIL ADDRESS: _____

IF YOU RENT _____
LANDLORD NAME PHONE # ADDRESS

EMPLOYER _____
NAME OF COMPANY ADDRESS PHONE #

YEARS EMPLOYED THERE _____ SOCIAL SECURITY # _____ DRIVER'S LICENSE # _____

SPOUSE'S NAME _____ SPOUSE'S DATE OF BIRTH _____
LAST FIRST MIDDLE

SPOUSE'S EMPLOYER _____
NAME OF COMPANY ADDRESS PHONE #

YEARS EMPLOYED THERE _____ SPOUSE'S SOCIAL SECURITY # _____ SPOUSE'S DRIVER'S LICENSE # _____

TANK SIZE _____ FILL PIPE LOCATION _____ IS OIL USED TO HEAT YOUR WATER? _____

PRODUCT: Kerosene Heating Oil Off-road Diesel Reg. Gas Plus Gas Super Gas
 On-road Diesel

DELIVERY STATUS (CHECK ONE):
 I WOULD LIKE MY ACCOUNT TO BE PLACED ON A WILL-CALL BASIS.
 I WOULD LIKE AUTOMATIC DELIVERY SERVICE. (Please specify date for next delivery: _____)

CHECKING ACCT # _____ BANK NAME _____

BANK ADDRESS _____
STREET CITY STATE ZIP

CREDIT CARD # _____ EXPIRATION DATE _____
 MASTERCARD VISA DISCOVER

CREDIT CARDHOLDER NAME _____ CREDIT CARDHOLDER BILLING ADDRESS _____
STREET NO. ZIP

AUTHORIZATION/ACKNOWLEDGEMENT: I authorize designated fuel deliveries to be charged to the above account. I acknowledge that all information on this application is accurate and valid.

SIGNATURE _____ DATE _____

SPOUSE'S SIGNATURE _____ DATE _____