

Application for Credit



Please type or print clearly

Name: _____
Address: _____
Delivery Address: _____
City: _____ Postal Code: _____
Telephone Number : _____ Cell Phone Number: _____
Employed by: _____ Position: _____
Work Phone Number: _____

Previous Oil Supplier - Company

Name of Agent _____
Address _____

Only fill out this section if you are requesting your monthly bill to be charged to a Credit Card

I, _____ give authorization for Midnight Petroleum to automatically charge to my credit card (Visa, MasterCard)

Card # _____ Exp Date _____ Sec Code _____

The amount owing on my statement, this is to be charged to the above credit card on the first of the following month.

Signature: _____ Date: _____

Credit References: *(Please provide name address and a phone/fax number for each)*

1. _____

2. _____

Name and Branch of Bank: _____

I hereby authorize Midnight Petroleum in _____ to make enquiries through the above bank and other sources deemed necessary to properly consider this for credit

Signature: _____ Date: _____

Applying for:

Heating Oil	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does your hot water run on Heating Fuel	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Would you like automatic delivery	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Cardlock <i>*must provide credit card #</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If applying for cardlock card select 4 digit pin number

PLEASE FAX RESPONSE BACK TO 867-874-2561 OR DROP OFF AT ONE OF OUR OFFICES
Hay River - 42099 Mackenzie Highway