

M^cCLEARY

OIL COMPANY INC

1266 N Franklin St, Chambersburg, PA 17201

Phone 717-264-6181

CREDIT APPLICATION – COMMERCE STREET PUMPS

Name _____ SSN _____

Spouse's Name _____ Spouse's SSN _____

Present Address _____

Email address _____

How Long _____ Home Phone _____

Previous Address _____ (If less than 2 years)

Employer _____ How Long _____ Work Phone _____

Employer address _____ Spouse- Employer _____

If Self Employed name & type of business _____

Present Position _____ How Long _____ Business Phone _____

Previous Employer _____ Position _____ How Long _____

Name of Bank _____ Checking Acct No. _____

Business Reference _____

Business Reference _____

Business Reference _____

TERMS:

All invoices are due and payable within 10 days of mailing (postmark). If after 10 days, payment in full is not received, MCCLEARY OIL COMPANY, INC. reserves the right to cancel the customer's card and render it inoperable due to non-payment. A service charge of 1 ½% per month (18% annually) will be added after 30 days.

GUARANTY

I hereby request that MCCLEARY OIL COMPANY, INC. extend me credit and by extending said credit, I hereby unconditionally guarantee payment to MCCLEARY OIL COMPANY INC. of all sums due and payables the result of my purchase of fuel from MCCLEARY OIL COMPANY INC., including the above stated service charge should the same become applicable. Should I fail to make payment as required by the terms of this application, I agree to pay all expenses of collection, included, but not limited to...Justice of the Peace and constable fees or reasonable attorney's fees. By affixing my signature hereto, I certify that I will maintain adequate liability insurance for any property damage which may occur as the result of my entering upon the property of MCCLEARY OIL COMPANY INC., with any and all vehicles which I may operated or cause to be operated upon said property. I understand that by signing this application for credit, that you have the right to check my further credit report through the CREDIT BUREAU of the Chambersburg-Harrisburg PA area, and to obtain check approval information from my bank.

I certify that to the best of my knowledge, the above information supplied is true and correct, and that I agree to the terms and conditions set forth in this application.

Signature _____ Date _____

Signature _____ Date _____