

GRA HAM ENERGY

Graham Oil --- Hammond Fuels

Box 130, 88 Queen St. W., St. Marys N4X 1A9

Telephone: #519-284-3420 – Fax: #519-284-2522

Credit Application

Please Print Clearly – Thank You

Surname: Given Name: Initial

Date of Birth: S.I.N.# (Optional)

Name of Spouse / Partner:

Street # & Name:

Mailing Address (If different than above):

City / Town: Postal Code:

Telephone Number: Cell Phone #:

E-mail Address: Fax #:

Tenant Owner Other (Specify)

If tenant, Landlord's Name:

LL'S Address: Telephone #:

Lived at current address years ----- If less than two years, please provide previous address:

.....

Driver's License:

Credit Card: Type Number..... Expiry:

Employed by: Address:

Telephone #: How long: Position:

Previous Employer: Telephone #:

Name of Bank: Telephone:

Address of Bank:

Credit References:

1)
Name Address Telephone #

2)
Name Address Telephone #

Type of Account: Home Heat (Automatic _____ or Will Call_____) Farm Cardlock

Date: Signature:

*Above information must be complete for credit approval.
The applicant authorizes Gra Ham Energy to undertake any credit checks necessary to grant the credit.*