

Powers Oil & Propane

1681 West Main St.
Alliance, Ohio 44601
Phone: (330) 821-8387
Fax: (330) 823-3130

Residential Credit Application

CHECK APPROPRIATE BOX

If you are applying for an individual account in your own name and are relying on your income or assets and not the income or assets of another person as the basis for repayment of credit requested, complete only Section A.

If you are applying for a joint account or an account that you and another person will use, complete all sections, providing information in section B about the joint applicant.

SECTION A – INFORMATION REGARDING APPLICANT

TITLE (Opt)	FIRST NAME	INITIAL	LAST NAME	DATE OF BIRTH
STREET ADDRESS:				
CITY:		STATE:		ZIP:
HOME PHONE: () -		SOCIAL SECURITY #: - -		
MAILING ADDRESS (IF DIFFERENT):				
CITY:		STATE:		ZIP:
TIME AT CURRENT ADDRESS:		YRS	MOS	HOME: <input type="checkbox"/> OWN <input type="checkbox"/> RENT
FORMER ADDRESS:				
CITY:		STATE:		ZIP:
TIME AT FORMER ADDRESS:		YRS	MOS	

EMPLOYMENT

CURRENT EMPLOYER:		SUPERVISOR:		
ADDRESS:				
CITY:		STATE:		ZIP:
TELEPHONE NUMBER:		HOW LONG?	YRS	MOS
POSITION:		AVERAGE WEEKLY PAY:		
PREVIOUS EMPLOYER:		SUPERVISOR:		
ADDRESS:				
CITY:		STATE:		ZIP:
TELEPHONE NUMBER:		HOW LONG?	YRS	MOS
POSITION:		AVERAGE WEEKLY PAY:		

MORTGAGE OR RENT

NAME OF MORTGAGE HOLDER/LANDLORD:				
ADDRESS:				
CITY:		STATE:		ZIP:
VALUE:		CURRENT BALANCE:		
MONTHLY PAYMENTS:				

BANKING REFERENCES

CHECKING ACCOUNT				
BANK:		BRANCH:		
ACCOUNT NUMBER:				
SAVINGS ACCOUNT				
BANK:		BRANCH:		
ACCOUNT NUMBER:				

Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Alimony, child support, separate maintenance received under:

Court order Written agreement Oral understanding

OTHER INCOME: \$

SOURCE(S) OF OTHER INCOME:

Is any income reported likely to be reduced in the next two years? Yes (Please explain) No

EXPLANATION:

SECTION B – INFORMATION REGARDING JOINT APPLICANT (USE SEPARATE SHEETS IF NECESSARY)

TITLE (Opt)	FIRST NAME	INITIAL	LAST NAME	DATE OF BIRTH
STREET ADDRESS:				
CITY:		STATE:		ZIP:
HOME PHONE: () -		SOCIAL SECURITY #: - -		
MAILING ADDRESS (IF DIFFERENT):				
CITY:		STATE:		ZIP:
TIME AT CURRENT ADDRESS:		YRS	MOS	HOME: <input type="checkbox"/> OWN <input type="checkbox"/> RENT
FORMER ADDRESS:				
CITY:		STATE:		ZIP:
TIME AT FORMER ADDRESS:		YRS	MOS	

EMPLOYMENT

CURRENT EMPLOYER:			SUPERVISOR:		
ADDRESS:					
CITY:		STATE:		ZIP:	
TELEPHONE NUMBER:			HOW LONG?	YRS	MOS
POSITION:			AVERAGE WEEKLY PAY:		
PREVIOUS EMPLOYER:			SUPERVISOR:		
ADDRESS:					
CITY:		STATE:		ZIP:	
TELEPHONE NUMBER:			HOW LONG?	YRS	MOS
POSITION:			AVERAGE WEEKLY PAY:		

THE FEDERAL CREDIT EQUAL OPPORTUNITY ACT PROHIBITS DISCRIMINATION AGAINST ANY CREDIT APPLICANT WITH RESPECT TO ANY ASPECT OF A CREDIT TRANSACTION ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS OR AGE.

EVERYTHING I HAVE STATED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT POWERS OIL COMPANY WILL RETAIN THIS APPLICATION WHETHER OR NOT IT IS APPROVED. YOU ARE AUTHORIZED TO CHECK MY CREDIT AND EMPLOYMENT HISTORY AND TO ANSWER QUESTIONS ABOUT YOUR CREDIT EXPERIENCE WITH ME.

APPLICANT'S SIGNATURE

DATE

JOINT APPLICANT'S SIGNATURE

DATE

CREDIT AGREEMENT

MONTHLY STATEMENT: If you have a balance due on your account, we will send you a monthly statement. This statement will show separately your current month's activity, including any FINANCE CHARGES, and the date that payment is due.

FINANCE CHARGES: Payment in full is due within 30 days of the date of the invoice. If your bill is paid in full within these 30 days, you will not incur a finance charge. Any unpaid balance remaining after 30 days will incur a FINANCE CHARGE at the rate of 1.5% per month or 18% per year. The FINANCE CHARGE will be calculated based upon the unpaid balance of your bill.

CREDIT FOR PAYMENTS: All payments will be credited the same day they are received.

REVOCATION: Credit may be revoked at any time because of any late payment or default by you or because of any other event which causes Powers Oil Company, in good faith, to deem itself insecure or to believe that the prospect of your performance of any provision of this Agreement is impaired.

COLLECTIONS: It is understood that for any credit we may extend to you if payment is not received when due and the matter may be turned over to an attorney or certified collections agency for collection, you will be responsible for all reasonable fees incurred plus all court costs and expenses.

KEEP THIS NOTICE FOR FUTURE USE. THIS NOTICE CONTAINS IMPORTANT INFORMATION ABOUT YOUR RIGHTS AND OUR RESPONSIBILITIES UNDER THE FAIR CREDIT BILLING ACT.

NOTIFY US IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR BILL

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us as soon as possible on a separate sheet at the address below. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You may telephone us, but doing so will not preserve your rights.

In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you

believe there is an error. If you need more information, describe the item you are not sure about.

Your Rights and Our Responsibilities After We Receive Your Written Notice

We must acknowledge your letter within 30 days, unless we have corrected the error by then. Within 90 days we must either correct the error or explain why we believe the bill was correct.

After we receive your letter, we cannot try to collect any amount you question or report you as delinquent. We can continue to bill you for the amount you question, including finance charges, and we can apply any unpaid amount against your credit limit. You do not have to pay any questioned amount which we are investigating, but you are still obligated to pay the parts of your bill that are not in question.

If we find that we made a mistake on your bill, you will not have to pay any finance charges related to any questioned amount. If we didn't make a mistake, you may have to pay finance charges, and you will have to make up any missed payments on the questioned amount. In either case, we will send you a statement of the amount you owe and the date that it is due.

If you fail to pay the amount that we think you owe, we may report you as delinquent. However, if our explanation does not satisfy you and you write to us within 10 days telling us that you still refuse to pay, we must tell anyone we report you to that you have a question about your bill. And, we must tell you the name of anyone we reported you to. We must tell anyone we report you to that the matter has been settled between us when it finally is.

If we don't follow these rules, we can't collect the first \$50 of the questioned amount, even if your bill was correct.

SEND CORRESPONDENCE TO:

Powers Oil Company
1681 West Main St.
Alliance, Ohio 44601