



CONSUMER CREDIT APPLICATION & AGREEMENT

Please complete the following information

Email creditdept@campbelloilcompany.com

or mail to:

Campbell Oil Company

PO Box 637 Elizabethtown, NC 28337, Attn: Credit Dept.

*Name of Applicant: _____ *SS#: _____

*Phone#: _____ Cell#: _____ Email: _____

*Physical Address (Tank Location): _____

Mailing Address (if different): _____

*City: _____ *State: _____ *Zip Code: _____

*County: _____

Spouse/Co-Applicant's Name: _____ SS#: _____

Phone#: _____ Cell#: _____ Email: _____

*Gross monthly income: \$ _____

Home Owned: _____ Or Rented: _____

Landlord's Name: _____ Phone#: _____

*Did you have a previous account with another gas company? Yes: _____ No: _____

If yes, what is the name of the company? _____

*Please check all that apply to your account usage:

_____ Propane _____ Diesel _____ Fuel Oil

_____ Gas _____ Kerosene _____ Motor Oil

_____ Consumer Home Heat _____ Service _____ Other

*Will you need a tank delivered? ___ Yes ___ No ___ If yes, then the capacity of the tank: _____ gallons.

*How many estimated refills per year? _____

Estimated Monthly Purchase in Gallons: _____

*Credit Limit Requested \$ _____

I certify that the above information is accurate and correct to the best of my knowledge. I have been explained Campbell Oil Company's policy on credit & terms of credit. Delinquent accounts are subject to credit restrictions and stop delivery of products. In case of a bank overdraft, whether NSF, ACH, or EFT, Campbell Oil Co. Inc. has the right to charge the \$35 returned check fee. The fee is separate from any fees that your bank may charge. Collection fees and any other fees incurred by Campbell Oil Company will be billed to my account, and I will take responsibility for these fees. I also understand that if my account at any time exceeds 90 days past due, it will be turned over to the Credit Manager for collection. If collection is unsuccessful, my account will be turned over to an attorney for legal action or an outside collection agency. I also understand and give permission for Campbell Oil Company to obtain my credit information, both now and for future updates. **All credit inquiries will be "soft pulls," which will not impact your credit score.**

*Signature : _____ *Date : _____

Spouse / Co-applicant Signature : _____ Date : _____

Cash On Delivery:

I certify that the above information is accurate and correct to the best of my knowledge. I agree that payment in full is due to Campbell Oil Company before the delivery of goods which may be scheduled as early as 48 hours after Campbell Oil Company’s notification to me that a shipment is ready. Such payment shall be made in United States Dollars and immediately available funds by certified check or cashier’s check drawn on a bank mutually acceptable to myself and Campbell Oil Company. Campbell Oil Company does have the right to extend at its discretion a short repayment term agreed upon by both parties. If payment is not made, then no further deliveries will be made. Once the outstanding balance has been paid, the account will only revert to a COD basis. In case of a bank overdraft, whether NSF, ACH, or EFT, Campbell Oil Co. Inc. has the right to charge the \$35 returned check fee. The fee is separate from any fees that your bank may charge.

CONSENT TO OBTAIN CONSUMER CREDIT REPORT

The undersigned individual(s), recognizing that their personal credit history may be a factor in the evaluation of the credit history of the applicant, as a result of this consents to the use of the consumer credit report of the undersigned by Campbell Oil Company as may be necessary for the credit evaluation process and for periodic review to maintain the credit relationship. **The consumer credit report that is pulled will not impact the individual(s) credit score. It will be a “soft pull.”**

*Signed Name _____ Date _____

*Print Name _____

Signed Name _____ Date _____

Print Name _____

Office Use Only

Credit

Date Received: _____ Date Approved: _____ Approved by: _____

Amount Approved: _____ Terms Approved: _____ Amount Requested: _____

CBI Score: _____ CBD Approved: _____ **Overridden By:** _____

Tax Jurisdiction: _____, County

Credit Rating: 1 2 3 4 5 Credit score 700-Higher (5), Credit Score 650-699(4),
Credit Score 649-630(3), Credit Score 629-600(2), Credit Score 599<(1)

Compesating Factors:

-
-
-

Sales

Sales Person’s Name: _____ Product Code/Type: _____ Customer Type: PC ____

Terms: _____