

J.M. Walsh Oil

Caring for the Community is Our Business

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CREDIT APPLICATION CONSUMER

INDIVIDUAL ACCOUNT

Applicant is relying on his/her income, assets and credit references, please complete sections 1 and 3. You may apply for an individual account even if you are married. However, if your spouse will use this account, please print their full name below.

ACCOUNT ON BEHALF OF ANOTHER

If you are relying on another person's income, assets and credit references, please complete sections 2 and 3 for the other person. Complete section 1 for yourself.

NOTE: You need not reveal income derived from alimony, child support or separate maintenance payments if you do not wish such income to be considered for credit.

 (SPOUSE) FIRST MIDDLE LAST NAME

1 INDIVIDUAL INFORMATION (ALL APPLICANTS)

YOUR NAME			FIRST	INITIAL	LAST		YOUR S.S.#		PHONE #		
YOUR PRESENT ADDRESS			STREET	CITY	STATE	ZIP	HOW LONG? YRS. MOS.	<input type="checkbox"/> OWN HOME <input type="checkbox"/> ROOM <input type="checkbox"/> PAY RENT		<input type="checkbox"/> LIVE WITH PARENTS <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> OTHER _____	
YOUR PREVIOUS ADDRESS			STREET	CITY	STATE	ZIP	HOW LONG? YRS. MOS.	NUMBER OF DEPENDENTS			
YOUR EMPLOYER			POSITION				HOW LONG? YRS. MOS.				
EMPLOYER'S ADDRESS			STREET	CITY	STATE	ZIP	EMPLOYER'S PHONE #				
MONTHLY INCOME BEFORE DEDUCTIONS \$			MONTHLY ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE PAYMENTS (SEE NOTE ABOVE) \$				DATE OF BIRTH				
YOUR BANK ACCOUNT IS AT			BRANCH ADDRESS			ACCOUNT NUMBER		<input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING			
NEAREST RELATIVE NOT LIVING WITH YOU			NAME		ADDRESS						

2 ACCOUNT ON BEHALF OF ANOTHER

THEIR NAME			FIRST	INITIAL	LAST		THEIR S.S.#		PHONE #		
THEIR PRESENT ADDRESS			STREET	CITY	STATE	ZIP	HOW LONG? YRS. MOS.	<input type="checkbox"/> OWN HOME <input type="checkbox"/> ROOM <input type="checkbox"/> PAY RENT		<input type="checkbox"/> LIVE WITH PARENTS <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> OTHER _____	
THEIR PREVIOUS ADDRESS			STREET	CITY	STATE	ZIP	HOW LONG? YRS. MOS.	NUMBER OF DEPENDENTS			
THEIR EMPLOYER			POSITION				HOW LONG? YRS. MOS.				
THEIR EMPLOYER'S ADDRESS			STREET	CITY	STATE	ZIP	EMPLOYER'S PHONE #				
MONTHLY INCOME BEFORE DEDUCTIONS \$			MONTHLY ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE PAYMENTS (SEE NOTE ABOVE) \$				IS THIS PERSON OVER 18? <input type="checkbox"/> YES <input type="checkbox"/> NO				
THEIR BANK ACCOUNT IS AT			BRANCH ADDRESS			ACCOUNT NUMBER		<input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING			
THEIR NEAREST RELATIVE NOT LIVING WITH THEM			NAME		ADDRESS						

3 CREDIT INFORMATION • PLEASE LIST NAMES OF STORES, FINANCE COMPANIES, CREDIT CARDS, ACCOUNT NUMBERS & AMOUNTS OWED

COMPANY / STORE NAME	PHONE NUMBER	ACCOUNT NUMBER	PRESENT BALANCE	MONTHLY BALANCE

MAY YOUR CREDIT REFERENCES AND HISTORY BE VERIFIED IN ANY OTHER NAME (S) ? NO YES _____

OFFICE USE ONLY:

- CREDIT APPROVED - LIMIT \$ _____
 CREDIT NOT APPROVED

I confirm that the information set forth about is complete and accurate. I authorize **J.M. Walsh Oil Company** to substantiate and investigate the information contained on the application. Terms of credit will be set forth in a separate agreement to be forwarded if credit is authorized.

Signature

Date