

Consumers Oil Company

PO Box 130

Maryville, Missouri

1-888-682-2106

Application For Credit

Date: _____

Application Taken By: _____

Print Name in Full: _____ Spouses Full Name: _____
Social Security Number: _____ Spouses Social Security Number: _____
Date of Birth: _____ Home Phone Number: _____ Work Number: _____
Home Address: _____ Town: _____ State: _____ Zip: _____
How Long at Current Address: _____ Previous Address: _____
Marital Status: _____ Number of Dependents: _____

Present Employer: _____ Type of Business: _____
Position Held: _____ Monthly Income: _____ Employed Since: _____
Spouses Employer: _____ Type of Business: _____
Position Held: _____ Monthly Income: _____ Employed Since: _____
Home- Owner? _____ Renter? _____ Estimated Net Worth: _____
Have you ever had an account placed for collection? _____
Have you ever filed for bankruptcy? _____

Your Bank: _____ Address: _____
Checking Account: _____ Savings Account: _____ Loan Account: _____

If Farmer- Number of Acres Owned: _____ Rented: _____
Who was your previous supplier? _____

CREDIT REFERENCES:

NAME	ACCOUNT NUMBER	ADDRESS AND PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby certify that I have read the above application for credit and financial disclosure in full, that all statements therein were made directly by me for the purpose of obtaining credit for **CONSUMERS OIL COMPANY** and that all statements are true and correct.

By signing this application, the undersigned agree that in the event the account is referred a third party for collection, they will be liable for the costs and expenses of collection, including, but not limited to, reasonable attorney fees. The undersigned also agrees that all accounts are due and payable on or before the 15th of each month following statement date. A **FINANCE CHARGE** of 1.5% is added to your account on any balance from the previous month's statement that is unpaid by the 15th of the month following such statement. This is an **ANNUAL PERCENTAGE RATE OF 18%**. If any balance on an account remains unpaid for 60 days from statement date, credit privileges will be suspended until the account is paid in full.

By signing this application you are giving Consumers Oil Company permission to access your credit history.

SIGNATURE: _____ SPOUSE: _____

CORPORATION: _____ TITLE: _____

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Consent—Please check either section (1) or (2) below. By checking Waiver, you will be waiving any patronage you would otherwise be eligible for.

DO NOT CHECK BOTH

(1)

- CONSENT** – I consent to include in my gross income as provided in the Federal Income tax laws, the stated dollar amount of each written notice of allocation which I received from Consumers Oil Company and its successors with respect to my patronage occurring during the current and all subsequent taxable years unless the written allocation is attributable to personal, living, or family items or is properly taken into account as an adjustment to basis of property. This individual consent shall be revocable by me in writing at any time.

OR

(2)

- WAIVER** – I waive any patronage dividends that I may be eligible for arising out of my business with Consumers Oil Company and its successors during its current and subsequent fiscal years. This disclaimer of patronage dividends shall be valid until revoked by me in writing in accordance with the Federal Income Tax Laws.

Date

Signature

Title of Officer if Patron is an Entity