

APPLICATION FOR CREDIT WITH DICOLA PETROLEUM

CARDLOCK SYSTEM

NAME:		
	(include spouse, if applicable)	
BILLING ADDRESS:		
PHONE #: (H)	(W)	
CELL EMAIL:	(FAX)	
S.I.N. (OPTIONAL)		
EMPLOYMENT:	Name of Co.	
	Address:	
	·	
DRIVER'S LICENCE #		
DRIVER S LICEIVEL #		
BANK:		
(Name & Location)		
REFERRAL:		
	AND/OR	
DIESEL	EREQUESTED	
NOWIDER OF CARDS	TREQUESTED	
** Please note there	e is a one-time nominal charge for each card requested **	
** Each card can be a	ctivated for both No lead Gas and Diesel **	
DATE:		
ADDITO ANT'S SIGNA	NTURE:	
	sents to credit inquiries being made by our Company as deemed necessary to as	certain the credit

(Applicant agrees and consents to credit inquiries being made by our Company as deemed necessary to ascertain the credit worthiness of the applicant.)