

HARBERT OIL COMPANY, INC.
PO BOX 128 BIEBER, CA 96009 (530) 294-5371 FAX (530) 294-5900

INDIVIDUAL CREDIT APPLICATION

BULK ACCOUNT _____ **CARDLOCK** _____ **# OF CARDS** _____
BULK DELIVERY CHOICE: WILL CALL _____ **AUTOMATIC** _____
SIZE OF TANK: _____ **ABOVE GROUND** _____ **BELOW GROUND** _____
TYPE OF FUEL: DYED DIESEL _____, **CLEAR DIESEL** _____, **DYED KEROSENE** _____, **GAS** _____

NAME _____

EMPLOYER _____

MAILING ADDRESS _____

ADDRESS _____

CITY, STATE, ZIP _____

CITY, STATE, ZIP _____

PHYSICAL ADDRESS _____

EMPLOYER PHONE # _____

HOW LONG EMPLOYED _____

TELEPHONE # _____

BASIC DIRECTIONS TO HOME AND LOCATION OF TANK: (MAIN ST/CROSS ST/LANDMARKS/ETC.)

CELL PHONE/WORK PHONE # _____

E-MAIL ADDRESS _____

SOCIAL SECURITY # _____

BIRTH DATE _____

PREVIOUS ADDRESS _____

CITY, STATE, ZIP _____

BILLING AND PAYMENT TERMS
NET 10 DAYS

SPOUSE (CO-APPLICANT) _____

SOCIAL SECURITY # _____

BIRTH DATE _____

NEAREST RELATIVE NOT LIVING WITH YOU

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE # _____

- 1.) Invoices will be left with the customer at the time of delivery or mailed the following day.
- 2.) Fuel Access Card (CFN cardlock) transactions will be billed semi-monthly. Usage from the 1st – 15th will be due on the 25th and usage from the 16th to the end of the month will be due on the 10th of the month following.
- 3.) Bulk deliveries and all other purchases will be due on the 10th day following purchase.
- 4.) Heating Fuel Customers currently on or interested in our Budget Payment Program will have their monthly payment due on the 10th of the month.

*****Faxed copy of application will be accepted and used to expedite processing, but original must be mailed!***

APPLICANT SIGNATURE

DATE

SPOUSE (CO-APPLICANT)

DATE

Upon receipt of my (our) new fuel access (CFN) card(s) and Driver Identification Number(s) (DIN), by initialing below, I (we), the undersigned agree to the following terms and conditions associated with those cards:

- _____/_____ 1. I (we) understand the DIN numbers **should not** be kept on the card, card sleeve, or attached to the card in any way.
- _____/_____ 2. If my (our) card(s) is lost or stolen, **I (we) the cardholder is responsible** for all charges accrued before the card can be invalidated. It is my (our) responsibility to notify Harbert Oil Company, Inc. of a lost or stolen card. Harbert Oil Company, Inc. **will not** be responsible for any charges accrued before the card can be invalidated.
- _____/_____ 3. Harbert Oil Company, Inc. has the right to invalidate my (our) card(s) without notification and to refuse service should my (our) account become delinquent.
- _____/_____ 4. There will be a charge of \$5.00 for a lost or damaged card or to reactivate a card that has been deactivated. **Cards will not be reactivated except by customer request.**

****REQUIRED INFORMATION FOR ALL NEW ACCOUNTS****
EASY PAY PROGRAM--MAKES US DO THE WORK AND LETS YOU AVOID THE LATE FEES!

AUTHORIZATION AGREEMENT FOR AUTOMATIC ACCOUNT DEBITS BY ELECTRONIC FUNDS TRANSFER (EFT)

I (We) hereby authorize Harbert Oil Company, Inc. to initiate reoccurring variable debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) bank account indicated below and the financial institution named below, to debit and/or credit the same to such account. **I (We) understand there shall be a \$25.00 charge for any insufficient fund transaction and a daily \$25.00 charge for each day I (we) ask that my (our) draft be delayed..**

BANK INFORMATION

Account Type: _____ Checking Account _____ Savings Account

Financial Institution: _____ Branch _____

City: _____ State: _____ Zip: _____

Routing No.: _____ Account No.: _____

I (We) understand the transaction date will be 10 days after purchase date for bulk deliveries and all other purchases. I (We) understand the transaction dates will be the 10th and 25th of the month for all fuel access (CFN) card transaction. I (We) understand the transaction date will be the 10th of the month for all Budget payments. I (We) understand that this serves as my (our) only notification about any entries made to my (our) bank account indicated above. This authority is to remain in full force and effect until Harbert Oil Company, Inc. has received **written notification** from me (or either of us) of its termination in such time and in such manner as to afford Harbert Oil Company, Inc. and the financial institution named above a reasonable opportunity to act on it.

A BLANK VOID CHECK MUST ACCOMPANY THIS APPLICATION. DEPOSIT SLIPS CANNOT BE ACCEPTED. ALL FIELDS MUST BE FILLED IN. INCOMPLETE FORMS WILL NOT BE ACCEPTED.

I (We) further understand that should my (our) account become delinquent, Harbert Oil Company, Inc. has the right to refuse service and/or deliveries without notification. Any unpaid balance will accrue interest at the rate of 2% per month. I (We) agree that if it is necessary for collection action or court action to be taken in the case of an unpaid bill, I (we) will pay all accrued collection, court, and lawyer fees. I (We) acknowledge that Harbert Oil Company, Inc. is not liable for any damages to personal property in the event of being unable to service said property.

SIGNATURE (REQUIRED)	DATE
SIGNATURE (REQUIRED)	DATE

APPROVED _____ REJECTED _____

ACCOUNT # _____