

Henderson Oil & Propane Co.

Equal Opportunity Credit Application

Please read all instructions carefully. Check only those boxes and fill in only those blanks applicable to your credit.

- 1) I/we _____ hereby apply for credit to be extended by
HENDERSON OIL & PROPANE CO. P.O. BOX 5 JUSTIN, TEXAS 76247 940-648-3113 FAX 940-648-2445
- 2) Purpose of credit? _____ Limit requested \$ _____
- 3) Home address _____ City _____ TX Zip _____ Telephone _____
- 4) How long at this address? _____ () Own () Rent/Lease E-mail _____
- 5) Previous address _____ City _____, Zip _____ How long? _____

The following information is required for the primary applicant.

- 6) Birthdate _____ Social Security # _____ Drivers License # _____
Cell # _____ Alternate phone # _____
- 7) Employer & address _____ Telephone _____

The following information is required for the spouse/joint applicant.

- 8) Birthdate _____ Social Security # _____ Drivers License # _____
Cell # _____ Alternate phone # _____
- 9) Employer & address _____ Telephone _____

Additional information or details may be requested by the creditor.

- 10) Although you are not required by the creditor to reveal receipt of alimony, child support or maintenance payments in connection with this application, describe any such or other regular income you wish considered in evaluating your creditworthiness.
- _____

- 11) Name of nearest relative not living with you _____ Telephone _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: I/we certify that the foregoing information has been supplied truthfully, accurately and voluntarily, and therefore authorize the named creditor to investigate my/our creditworthiness, credit history and financial responsibility through any credit bureau or by any other reasonable means, including direct contact with past and present creditors. I/we also authorize banks and other financial institutions to give information to the named creditor in connection with this transaction about my/our savings and checking accounts and loans. If credit is extended as a result of this application, I/we agree to make payment promptly in accordance with the creditors usual terms.

Primary applicant _____ Date _____ Joint applicant _____ Date _____
signature signature

FAX to 940-648-2445 or mail to our mailing address (listed above).