

*RAVENNA OIL COMPAMY
102 East Lake St. P.O.Box 844
Ravenna, Ohio 44266*

*Phone Number: 330-296-9618
Fax Number: 330-297-2077
www.ravennaoil.com*

RESIDENTIAL CREDIT APPLICATION

Date of Application:_____ Phone Number:()_____

Name:_____

 Last First (&Spouse)

Billing Address:_____

Delivery Address: (if different from billing)_____

Previous Address:_____

Do You: Rent_____ Own:_____ Other:_____

 House:_____ Trailer:_____

Number of Years at Address:_____

If Rental Property, give Name, Address and Phone Number of Owner:

Drivers License Number:_____

 Applicant (&Spouse)

Name of Employer:_____ How Long:_____ Phone:_____

 Applicant

_____ How Long:_____ Phone:_____

 Spouse

Name, Address & Phone Number of Nearest Relative:_____

Previous Supplier:_____

Reason for Changing_____ Tank Size:_____

Product: Heating Oil_____ Gasoline_____ Off-Rd Diesel:_____

 On-Rd. Diesel:_____ K-1_____ Petroleum:_____

Tank Location: Outside Above Ground:_____ Outside Buried:_____

 Basement:_____ Other:_____

Alternate Heat Source:_____ Fuel Oil Fired Hot Water Heater:_____

Credit References:

Bank

Reference: _____

Name

Address

Account Number

Other Credit References:

1. _____

Name

Address

Account Number

2. _____

Name

Address

Account Number

Combined Gross Monthly Income: _____

The Ohio Laws against discrimination require that all creditors make equally available to all credit worth customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil rights Commission administers compliance with this law.

I certify that all information on this application is true and correct. I further authorize verification of the above statements and/or information provided by the Akron Credit Bureau concerning my credit worthiness. If this application is approved, I agree to the terms and conditions of this account with the Ravenna Oil Company.

Terms of payment are Net 30 from the date of service, or the 10th of the month after receipt of your monthly statement. A 1 ½ finance charge will be added each month on past due balances over 30 days from date of service. Annual percentage rate is 18% in compliance with regulation "Z" of the U.S. Federal Government.

All NSF checks returned from the bank will be subject to a \$30.00 charge.

Applicants Signature: _____ S.S.# _____

Joint Applicants Signature: _____ S.S.# _____

**FAILURE TO COMPLETE THIS APPLICATIONS IN ITS ENTIRETY,
WILL RESULT IN THE APPLICATION NOT BEING PROCESSED.**

