

FAIRCLOUGH / STRAND FUEL

800 East 27th Street
Paterson, New Jersey 07513
Phone 973-742-6412 Fax- 973-742-1812

New Account Application / Credit & Delivery Agreement

~~Please Print and Fill In Entire Application & Sign Back~~

Please Tell Us About Yourself / Buyer

NAME - _____				
LAST	FIRST	MIDDLE	[SOCIAL SECURITY NUMBER]	

[NJ DRIVERS LICENSE NUMBER]	[HOME PHONE]	[CEL PHONE]	[DATE OF BIRTH]	

ADDRESS - _____				
STREET NO.	CITY/TOWN	STATE	ZIP	

DELIVERY ADDRESS - _____				
(IF DIFFERENT FROM MAILING ADDRESS)				
STREET NO.	CITY/TOWN	STATE	ZIP	

OWN OR RENT - _____		YEARS THERE - _____		

[EMPLOYER & ADDRESS]				

[YEARS THERE]	[ANNUAL INCOME]	[WORK NUMBER]		

CHARGE CARD & BANKING ACCOUNT INFORMATION -

AMEX. OR DISCOVER CARD # _____	EXP. DATE - _____
VISA OR MASTER CARD # _____	EXP. DATE - _____
CHECKING ACCOUNT # _____	NAME OF BANK - _____

Co-Buyer -

NAME- _____				
LAST	FIRST	MIDDLE	[SOCIAL SECURITY NUMBER]	

[NJ DRIVERS LICENSE NUMBER]	[CEL NUMBER]	[DATE OF BIRTH]		

[EMPLOYER NAME & ADDRESS]				

[YEARS THERE]	[WORK NUMBER]	[ANNUAL INCOME]		

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I/we authorize Fairclough / Strand to obtain information from any credit reporting agency / employer / or bank to determine my qualifications for a credit line. In the event that any balance becomes past due 45 days I/we authorize Fairclough/ Strand to debit one of my credit cards. I/we acknowledge that all of the above information in this application is true. I/we agree to the credit terms detailed on the front & back of this application / agreement, by signing the back of this form as the buyer & or Co-Buyer.