

Powers Oil Company

12743 Beech Street NE

Alliance, Ohio 44601

Phone: (330) 821-8387

Fax: (330) 823-3130

Residential Credit Application

CHECK APPROPRIATE BOX

If you are applying for an individual account in your own name and are relying on your income or assets and not the income or assets of another person as the basis for repayment of credit requested, complete only Section A.

If you are applying for a joint account or an account that you and another person will use, complete all sections, providing information in section B about the joint applicant.

SECTION A - INFORMATION REGARDING APPLICANT

TITLE (Opt)	FIRST NAME	INITIAL	LAST NAME	DATE OF BIRTH
STREET ADDRESS:				
CITY:		STATE:		ZIP:
HOME PHONE: () -		SOCIAL SECURITY #: - -		
MAILING ADDRESS (IF DIFFERENT):				
CITY:			STATE:	ZIP:
TIME AT CURRENT ADDRESS:		YRS	MOS	HOME: <input type="checkbox"/> OWN <input type="checkbox"/> RENT
FORMER ADDRESS:				
CITY:		STATE:		ZIP:
TIME AT FORMER ADDRESS:		YRS	MOS	

EMPLOYMENT

CURRENT EMPLOYER:			SUPERVISOR:	
ADDRESS:				
CITY:		STATE:		ZIP:
TELEPHONE NUMBER:			HOW LONG?	YRS MOS
POSITION:			AVERAGE WEEKLY PAY:	
PREVIOUS EMPLOYER:			SUPERVISOR:	
ADDRESS:				
CITY:		STATE:		ZIP:
TELEPHONE NUMBER:			HOW LONG?	YRS MOS
POSITION:			AVERAGE WEEKLY PAY:	

MORTGAGE OR RENT

NAME OF MORTGAGE HOLDER/LANDLORD:		
ADDRESS:		
CITY:		STATE: ZIP:
VALUE:		CURRENT BALANCE:
MONTHLY PAYMENTS:		

BANKING REFERENCES

CHECKING ACCOUNT	
BANK:	BRANCH:
ACCOUNT NUMBER:	
SAVINGS ACCOUNT	
BANK:	BRANCH:
ACCOUNT NUMBER:	

Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.
 Alimony, child support, separate maintenance received under:
 Court order Written agreement Oral understanding

OTHER INCOME: \$ _____ SOURCE(S) OF OTHER INCOME: _____

Is any income reported likely to be reduced in the next two years? Yes (Please explain) No

EXPLANATION:

SECTION B – INFORMATION REGARDING JOINT APPLICANT (USE SEPARATE SHEETS IF NECESSARY)

TITLE (Opt)	FIRST NAME	INITIAL	LAST NAME	DATE OF BIRTH
STREET ADDRESS:				
CITY:		STATE:		ZIP:
HOME PHONE: () -		SOCIAL SECURITY #: - -		
MAILING ADDRESS (IF DIFFERENT):				
CITY:			STATE:	ZIP:
TIME AT CURRENT ADDRESS:		YRS	MOS	HOME: <input type="checkbox"/> OWN <input type="checkbox"/> RENT
FORMER ADDRESS:				
CITY:		STATE:		ZIP:
TIME AT FORMER ADDRESS:		YRS	MOS	

EMPLOYMENT

CURRENT EMPLOYER:	SUPERVISOR:		
ADDRESS:			
CITY:	STATE:	ZIP:	
TELEPHONE NUMBER:	HOW LONG?	YRS	MOS
POSITION:	AVERAGE WEEKLY PAY:		
PREVIOUS EMPLOYER:	SUPERVISOR:		
ADDRESS:			
CITY:	STATE:	ZIP:	
TELEPHONE NUMBER:	HOW LONG?	YRS	MOS
POSITION:	AVERAGE WEEKLY PAY:		

THE FEDERAL CREDIT EQUAL OPPORTUNITY ACT PROHIBITS DISCRIMINATION AGAINST ANY CREDIT APPLICANT WITH RESPECT TO ANY ASPECT OF A CREDIT TRANSACTION ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS OR AGE.

EVERYTHING I HAVE STATED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT POWERS OIL COMPANY WILL RETAIN THIS APPLICATION WHETHER OR NOT IT IS APPROVED. YOU ARE AUTHORIZED TO CHECK MY CREDIT AND EMPLOYMENT HISTORY AND TO ANSWER QUESTIONS ABOUT YOUR CREDIT EXPERIENCE WITH ME.

 APPLICANT'S SIGNATURE

 DATE

 JOINT APPLICANT'S SIGNATURE

 DATE