



KERR OIL CO.

W. 650 Clayton Avenue
Coeur d'Alene, Idaho 83814-8309
(208) 664-4820 (208) 765-2266



TYPE OF ACCOUNT DESIRED:

- Business, Partnership, Sole Proprietorship
- Joint
- Single
- Heating Oil
- Keep-Fill
- Will-Call
- Kard-Lock
- Furnace Oil
- Stove Oil

Date: _____

Account Name: _____

Mailing Address: _____

City, State, Zip: _____

Daytime Phone () _____ Evening () _____

Your Full Name (if different than above): _____

Social Security # _____ Amount of Credit Requested: _____

Credit References

Firm Name	Address	Account Number

- Are you presently past due on any of your charge accounts? yes no
- Have you filed bankruptcy within the past 14 years? yes no
- Have you ever had any suits against you for unpaid bills? yes no

For Joint or Single Accounts

Presently Employed By: _____ Phone # _____
 Title _____ How Long _____
 Spouse's Full Name (for dual account) _____
 Spouse's Social Security # _____ Work Phone _____

For Business Accounts

Type of Business _____ How Long in Operation _____
 Name and Address of President _____
 SS# _____ Other Officers or Partners _____

APPLICANT'S AFFIDAVIT

The above information is for the purposes of obtaining credit and is warranted to be true. I consent to any of the references above as well as any other source of information about my credit worthiness disclosing such information to Kerr Oil and further consent to information concerning this application or this account being given credit reporting agencies or other creditors. I acknowledge reading the equal credit opportunity notice which is printed below. I agree to pay a FINANCE CHARGE OF 18% PER ANNUM with a MINIMUM CHARGE OF \$1.00 on all past due accounts. I agree to pay reasonable attorney and collection fees needed to collect past due accounts.

TERMS: I understand that I will receive a statement approximately on the 1st of the month following purchase. Payment must be made in full within 10 days of receipt. The establishment of this account in a company or corporate name, the undersigned personally guarantees payment of this account.

APPLICANT'S SIGNATURE _____
DATE _____

The Federal Equal Opportunity Act prohibits creditors from discrimination against credit applicants on the basis of race, color, religion, national origin, age, sex, or marital status. The Federal Agency which administers compliance with this law concerning KERR OIL COMPANY is the Federal Trade Commission, Seattle Regional Office, 2840 Federal Building, 915 Second Ave., Seattle, WA.

QUESTIONNAIRE FOR THE KERR OIL AUTO-FUEL SYSTEM

ACCOUNT NAME _____

EXPECTED MONTHLY USAGE: IN GALLONS _____ IN DOLLARS _____

NAME OF PERSON TO CONTACT REGARDING ACCOUNT _____

PHONE NUMBER OF CONTACT PERSON _____

HOW MANY CARDS DO YOU WANT? _____

WHAT NAME(S) DO YOU WANT EMBOSSED ON YOUR CARDS

ENTER THE FOLLOWING PRODUCT CODES (1-7) ON EACH LINE USED ABOVE:

- 1. UNLEADED GASOLINE
- 2. MID-GRADE GASOLINE
- 3. PREMIUM GASOLINE
- 4. #2 DIESEL FUEL
- 5. #1 STOVE OIL
- 6. ALL FUELS

IF DIESEL OR STOVE OIL IS AVAILABLE ON YOUR CARD, INDICATE THE TYPE OF USAGE:
OFF ROAD _____ ON ROAD _____

DO YOU WANT M.P.G. CAPABILITY? _____
MANUAL CAPABILITY? (Job#, Vehicle #, etc.) _____

THERE IS A ONE TIME \$10.00 SET UP CHARGE FOR YOUR FIRST CARD WITH EACH ADDITIONAL
CARD BEING CHARGED \$5.00