



KRAMER OIL
EST. 1976

Kramer Oil Company, Inc.
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Marysville, KS 66508
local 1-785-562-2466
fax 1-785-562-3348
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For Office Use Only	
Acct #	_____
Card #	_____
PIN #	_____
Card #	_____
PIN #	_____

Application for Credit

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Social Security Number: _____

Where do you bank: _____ City: _____

Bank Phone: _____ Fax: _____

How long have you had your account with this bank?

(if less than 1 year, please list previous bank information) _____

May we contact your bank for a credit reference? (Circle One) Yes No

Place of Employment: _____

Employment Address _____

Please supply two (2) business references: _____

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

How many cards would you like issued to you? _____

Terms: Payments are due on the 15th of each month.

Late payments are susceptible to a 2% service charge, \$25 minimum

If your card is stolen, report it immediately. Applicant is liable for fuel dispensed on the issued card until it is reported lost or stolen.

By signing this, I certify that all information on this document is correct, and I fully understand and agree with the **Terms** stated above.

Signature: _____ Date: _____