

D. K. Taylor Oil Company, Inc. Credit Application

APPLICANT INFORMATION		
Name:		
Date of Birth:	SSN:	Phone:
Current Address:		
City:	State:	Zip Code:
Please Circle One: Own or Rent	If Renting, Landlord's name and phone #	How long have you lived at this address?
Previous Address:		
City:	State:	Zip Code:
Please Circle One: Own or Rent	If Renting, Landlord's name and phone #	How long did you live at this address?
Name of a relative not residing with you:		
Address:		Phone:
City:	State:	Zip Code:
Relationship:		
EMPLOYMENT INFORMATION		
Current Employer:		
Employer's Address:		How long?
Phone:	E-Mail:	Fax:
City:	State:	Zip Code:
CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT		
Name:		
Date of Birth:	SSN:	Phone:
Current Address:		
City:	State:	Zip Code:
VERIFICATION APPROVAL AND SIGNATURE		
I authorize D.K. Taylor Oil Company, Inc to verify the information provided on this form. Yes _____ No _____		
Signature of Applicant		Date:
Signature of Co- Applicant, if for joint account		Date:

D.K. Taylor Oil Company, Inc.
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