



CHRISTOFF MITCHELL PETROLEUM, INC.

"Fast Friendly Dependable!"

P.O. Box 669, Philipsburg, PA 16866 ·

814-342-3620 · christoffmitchell.com

Residential Credit Application

Christoff Mitchell Propane

P.O. Box 669
Philipsburg, PA 16866
814-342-5030 Fax 3737

Shaner Bros.

P.O. Box 457
Northern Cambria, PA 15714
814-948-7510 Fax 5010

Date ____/____/____

Full Name _____

*Social Security # _____ Birth Date _____

Address _____ Phone _____

_____ Zip _____ How long (yrs) _____

Own home _____ Buying home _____ Renting _____ Monthly payment _____

Landlord/mortgage holder _____

Employer _____

Monthly income (take home) _____

Previous address _____ Zip _____ How long (yrs) _____

Spouse/Co-buyer _____ *Social Security # _____

Address (if different) _____

_____ Zip _____

Employer _____ Yrs employed _____

Monthly income (take home) _____

I have made the above statement for the purpose of obtaining credit.

Applicant agrees to pay in full all charges, except those incurred through unauthorized use of this credit, upon receipt of invoices. This is not a revolving charge agreement. Applicant acknowledges that accounts not paid in full upon receipt of statement will be subject to finance charges. Authorized use of this credit depends on your acceptance of the terms of this credit agreement. The customer agrees to pay all of company's costs of collection, including court costs, pick-up fees, legal and administrative expenses, and attorney fees paid or incurred by Christoff Mitchell Petroleum in the process of collecting past due sums owing by the customer.

OVER →

Credit References

- 1. Creditor _____ Balance _____ Monthly payment _____
Phone # _____ Contact person _____
- 2. Creditor _____ Balance _____ Monthly payment _____
Phone # _____ Contact person _____

Bank Reference

Name of Bank _____
 Contact Person _____
 Phone _____

Applicants signature _____

Co applicant's signature _____

As a condition of credit extension, you are required to provide valid credit card information. This information will be used in the following cases:

- 1. If your account balance reaches 60 days past due, your balance and all associated fees will be billed to the card provided.
- 2. If a check is returned from your bank, the face amount plus a \$50.00 fee will be charged to the card.
- 3. If the balance on your account exceeds the established credit limit, the amount over the limit will be charged to the card.

Card # _____ (M\C, Visa, Discover only) Exp. Date: ____/____

V Code (from back of card): _____(3 digits)

Cardholders Name: _____

Billing address for card: _____

Cardholders Signature: _____

**GUARANTY AGREEMENT
IN CONSIDERATION OF THE GRANTING OF CREDIT TO**

_____, By CHRISTOFF MITCHELL
 PETROLEUM, INC the undersigned, a principal of the account hereby personally and unconditionally
 guarantees prompt payment of any and all amounts at time or to become due to CHRISTOFF MITCHELL
 PETROLEUM, INC. by reason of its credit or advancing of funds to the applicant.

Signature _____