



## FLEET APPLICATION

Please Print

### APPLICANT INFORMATION

Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Previous address:		
City:	State:	ZIP Code:

### EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary (Please circle)	Annual income:

### CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT

Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Previous address:		
City:	State:	ZIP Code:

### EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary (Please circle)	Annual income:

### CREDIT CARDS

Name	Account no.	Current balance	Monthly payment

### BANK INFORMATION

Name	Account No.:	Address:
------	--------------	----------

# FLEET APPLICATION

Please Print

## BUSINESS REFERENCES

Name	Address	Phone Number	Fax number

I AUTHORIZE SADLER BROTHERS OIL CO., INC. TO INVESTIGATE MY CREDIT HISTORY AND TO USE THIS INFORMATION TO ESTABLISH MY ACCOUNT. I AGREE TO MAKE ALL PAYMENTS AND TO PAY ANY AND ALL LEGAL COSTS INCLUDING A FEE OF 25% OF UNPAID BALANCE IF THE ACCOUNT IS TURNED OVER FOR COLLECTION BECAUSE OF FAILURE TO PAY THE BILL. A 1.5% MONTHLY FINANCE CHARGE WILL BE ADDED ON ACCOUNTS UNPAID AFTER 30 DAYS, ALONG WITH A \$25.00 MONTHLY LATE FEE. ALL DISCOUNTS ARE VOIDED IF PAYMENT IS NOT RECEIVED BY THE 20TH OF EACH MONTH. I AGREE THAT THE EMPORIA GENERAL DISTRICT COURT OR THE GREENSVILLE COUNTY CIRCUIT COURT SHALL BE THE PROPER VENUE FOR ANY LEGAL ACTION BROUGHT TO COLLECT ANY PAST DUE SUMS.

IF A POSSIBLE ERROR IS DISCOVERED WITH ANY BILLING, A LETTER NEEDS TO BE SENT TO SADLER BROS. OIL CO., INC. WITHIN 15 DAYS OF THE BILL IN QUESTION. YOUR NAME, ACCOUNT NUMBER, DOLLAR AMOUNT IN QUESTION, AND A DESCRIPTION OF THE SUSPECTED ERROR MUST BE INCLUDED.

UNLESS A LIST OF AUTHORIZED DRIVERS IS MAILED ALONG WITH THIS APPLICATION, YOU MAY BE LIABLE FOR UNAUTHORIZED USE OF YOUR ACCOUNT.

I DO HEREBY AGREE TO THE TERMS AND CONDITIONS OF THIS REQUEST FOR CREDIT.

DUE TO THE RESPONSE TIME REQUIRED FOR WRITTEN CREDIT INQUIRIES TO YOUR BANK AND SUPPLIERS, A MAXIMUM 2-WEEK APPROVAL RESPONSE IS EXPECTED.

IN ORDER TO AVOID A DELAY IN THE PROCESSING OF THIS APPLICATION, PLEASE BE SURE TO COMPLETE THIS APPLICATION IN FULL.

Signature of applicant

Date

Signature of co-applicant,  
if for joint account

Date

Desired Pin Number:

(Must be any combination of at least 4 numbers)

## Mailing Address

Sadler Brothers Oil Company  
Slip-in Select  
P.O. Box 871  
517 North Main Street  
Emporia, VA 23847  
Phone (434) 634-2127  
Fax (434) 634-9908