

Mail Completed Application to:

Greene's Oil 675 North Branch Street Bennington, VT 05201 675 North Branch Street Bennington, VT 05201 Robert Greene, Inc.

Tel. 802-442-2705 Fax: 802-442-3216

CREDIT APPLICATION

Auto or Call-in circle one Circle One : Heat Only or Heat & Hotwater				
APPLICANT INFORMATION				
Name:				
Date of birth:		Phone:		
Current address:				
City:	State:	ZIP Code:		
Own Rent (Please circle)	Monthly payment or rent:	How long?		
Previous address:				
City:	State:	ZIP Code:		
Owned Rented (Please circle)	Monthly payment or rent:	How long?		
EMPLOYMENT INFORMATION				
Current employer:				
Employer address:		How long?		
Phone: E	-mail:	Fax:		
City:	State:	ZIP Code:		
Position:	Hourly Salary (Please circle)	Annual income:		
Previous employer:				
Address:		How long?		
Phone: E	-mail:	Fax:		
City:	State:	ZIP Code:		
Position:	Hourly Salary (Please circle)	Annual income:		
Name of a relative not residing with you:				
Address: Phone:				
City:	State:	ZIP Code:		
Relationship:				
CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT				
Name:				
Date of birth:	SSN:	Phone:		
Current address:				
City:	State:	ZIP Code:		
Own Rent (Please circle)	Monthly payment or rent:	How long?		
Previous address:				
City:	State:	ZIP Code:		
Owned Rented (Please circle)	Monthly payment or rent:	How long?		
CO APPLICANT EMPLOYMENT INFORMATION				
Current employer:				
Employer address:		How long?		
Phone: E	-mail:	Fax:		
City:	State:	ZIP Code:		
Position: Hourly Salary (Please circle)		Annual income:		
Previous employer:				
Address:				
Phone: E	-mail:	Fax:		

675 North Branch Street Bennington, VT 05201 Robert Greene, Inc.

Tel. 802-442-2705 Fax: 802-442-3216

CREDIT APPLICATION

Auto or Call-in circle one Circle One : Heat Only or Heat & Hotwater				
MORTGAGE CO				
Name & Address				
PREVIOUS FUEL DEALER Name Address				
Name	Address			
	A second use	Delever	Manthlynasinaat	
Auto loans	Account no.	Balance	Monthly payment	
OTHER LOANS, DEBTS, OR OBLIGATIONS				
Description	Account no.	Amount		
OTHER ASSETS OR SOURCES OF INCOME Description Amount per month or value				
I authorize Robert Greene Inc to ver history.	ify the information provided	d on this form as to my cre	edit and employment	
Signature of applicant			Date	
Signature of co-applicant, if for joint account			Date	