

**CRYSTAL ICE CO.**  
**1345 WEST 4<sup>TH</sup> STREET**  
**RENO, NV. 89503**  
**775-323-5145**  
**FAX 775-323-3049**

## Application for Credit

Please print the following information:

Date	First Name	MI	Last Name	
Address		City		State    Zip
Previous Address (if less than 2 years at current address)		City		State    Zip
Social Security #	Date of Birth	Home Phone #		Work Phone #

Employer	Employer's Phone #	Hire Date	
Employer's Address	City		State    Zip

I authorize CRYSTAL ICE & OIL COMPANY to run a credit report on me. The purpose of this report is to check my credit background for client purposes.

Signed \_\_\_\_\_

## KEEP FULL AGREEMENT

I, \_\_\_\_\_, authorize CRYSTAL ICE & OIL COMPANY, to keep my oil tank filled at their convenience until further notice. I understand that that I will be responsible for payment of all oil deliveries made to the address below until I notify CRYSTAL ICE & OIL COMPANY *in writing* to stop regular delivery service. I understand that oil deliveries may be made to my premises even though there may not be anyone at home authorized to sign the delivery ticket.

*Please print the following information:*

Customer Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

*Please complete the following information to help our driver with your deliveries:*

Tank Size (if known) \_\_\_\_\_ Is your tank  Above Ground  
 Below Ground

Location of Tank \_\_\_\_\_

Any Special Instructions (do you have a dog in the yard, should we call first, etc.?) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Customer Signature \_\_\_\_\_

### For Office Use Only

Route # \_\_\_\_\_

Stove Oil #1

Furnace Oil #2

Notes: \_\_\_\_\_

\_\_\_\_\_