



Robinson Enterprises , Inc.

293 Lower Grass Valley Rd.
 Nevada City, CA 95959
 (530) 265-5844 Fax (530) 265-8700

Fuel Cards will work at these locations:
 293 Lower Grass Valley Rd., Nevada City, CA
 201 East Main Street, Grass Valley, CA
 6341 Hwy 193, Georgetown, CA

CREDIT APPLICATION

A/C #
Name
Addr
City,Zip
Ph #
DISC 1 2 3 SP Limit
Appr Date
OFFICE USE ONLY

SECTION A - PLEASE FILL OUT ALL INFORMATION (Please print clearly)

Name(s) _____
 Physical Address _____
 City / State / Zip _____
 Mailing Address if different _____
 City / State / Zip _____
 APPLICANT
 Social Sec. # _____
 Drivers Lic. # _____
 Date of Birth _____
 Employer _____
 Address _____
 Work Phone # () _____

Phone # () _____
 Cell Phone # () _____
 Fax Phone # () _____

Business (Only for business accounts)

Year Established: _____
 Corporation Partnership
 Proprietorship Other

Description of Business:

At present location since: _____

CHECKING ACCOUNT INFORMATION:

Bank Name: _____ Branch and Phone #: _____ Account # _____

REFERENCES: (Only list companies of open accounts)

Name: _____	Name: _____	Name: _____
Phone: _____	Phone: _____	Phone: _____

X

Applicant _____ **Date** _____ **Co-Applicant** _____

I HEREBY AUTHORIZE ROBINSON ENTERPRISES, INC. TO ACCESS MY CREDIT FILE FOR THE PURPOSE OF OBTAINING CREDIT HISTORY.

Statements are sent out **twice a month**. Billing invoice dates are the 15th and the end of each month.

Payments are **due 10 days** after each billing cycle. Fuel deliveries are **due 10 days** after delivery. All past due balances will be subject to a monthly 1.5% (18% per annum) finance charge. If your card is lost or stolen, please notify us immediately so we can lock it out.

Video cameras are installed at the fueling islands for customer protection.

Any spills or damages by the customer are the responsibility of the customer and must be reported to **(530) 265-5844**.

*** FOR FUEL CARDS ***

All fuel types will be authorized (except Dyed Diesel).

Select All Fuels or check ▼

REQUIRED

Office Use Only	User #, Equip # or Name on card	Select All Fuels or check ▼		REQUIRED			
		ALL FUELS	** DYED DIESEL	Select 4 Digit PIN #			

Robinson Enterprises Inc.

Due to the requirements of the Fair Credit Reporting Act (*FCRA*), the following supplement must be added to any application that is being processed by this office for the purpose of extending credit.

This supplemental signature page must be a “stand alone document”, (not part of the application of any other forms).

This signature document should be attached to your application.

Supplement signature page: **(Please PRINT information)**

Date: _____

I, _____, Social Security Number _____ - _____ - _____,
do authorize Robinson Enterprises, Inc. to run my credit report.

If you would like to receive a copy of your consumer report directly from TransUnion, please check box. Yes No

The address information must be filled out regardless of whether you want a copy of the report.

My current address is: _____

(Print: Street Address)

(Print: City, State, Zip Code)

Signed by:

Office use only:

Date Credit Report mailed: _____