



# 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  
 892 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

**Email** \_\_\_\_\_

**Phone #** ( ) \_\_\_\_\_

**Cell Phone #** ( ) \_\_\_\_\_

**Employer** \_\_\_\_\_

**Address** \_\_\_\_\_

**Work Phone #** ( ) \_\_\_\_\_

**Business** (Only for business accounts)

**Business Name:** \_\_\_\_\_

**Year Established:** \_\_\_\_\_

Corporation Partnership  
 Other

**Office Phone #** ( ) \_\_\_\_\_

**Fax Phone #** ( ) \_\_\_\_\_

**Business Website:** \_\_\_\_\_

**Description of Business:** \_\_\_\_\_

At present location since: \_\_\_\_\_

**REFERENCES:** (Only list companies of open accounts)

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

X

<b>Applicant</b>	<b>Date</b>	<b>Co-Applicant</b>
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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 15 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 ▼		<b>REQUIRED</b>			
Office Use Only		User #, Equip # or Name on card		<b>ALL FUELS</b>	<b>** DYED DIESEL</b>	Select 4 Digit PIN #			

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). All credit report information obtained for this application will be destroyed upon approval or denial of this credit application.

This signature document should be attached to your application.

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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 Otherwise, please contact TransUnion at [www.transunion.com](http://www.transunion.com) for any discrepancies you may have.

**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)

Drivers Lic. # \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signed by:

\_\_\_\_\_

Office use only:

Date Credit Report mailed: \_\_\_\_\_