

# CROSSROADS VALERO PERSONAL CREDIT APPLICATION

1627 N. MAIN, SHAMROCK, TX 79079

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3080

NAME OF APPLICANT (Account will be in this name) \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street or P.O. Box City State Zip Code

# OF YEARS AT THE ABOVE ADDRESS \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

HOME TELEPHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

NAME OF EMPLOYER \_\_\_\_\_ ADDRESS OF EMPLOYER \_\_\_\_\_

TELEPHONE # OF EMPLOYER \_\_\_\_\_ HOW LONG EMPLOYED THERE \_\_\_\_\_

BANK REFERENCE:

BANK NAME \_\_\_\_\_ BANK TELEPHONE # \_\_\_\_\_

NAME OF CONTACT PERSON AT THE BANK \_\_\_\_\_

## CREDIT REFERENCES BELOW

TRADE REFERENCES – THESE MUST BE COMPLETELY FILLED IN AND BY DOING SO; THE APPLICANT GIVES CROSSROADS THE AUTHORITY TO CALL THE NAMES LISTED AND INQUIRE ABOUT THE APPLICANT'S CREDIT HISTORY.

1. \_\_\_\_\_  
NAME TELEPHONE NUMBER

\_\_\_\_\_  
ADDRESS

2. \_\_\_\_\_  
NAME TELEPHONE NUMBER

\_\_\_\_\_  
ADDRESS

3. \_\_\_\_\_  
NAME TELEPHONE NUMBER

\_\_\_\_\_  
ADDRESS

If my credit is approved, I (please print your name) \_\_\_\_\_  
promise to pay my account as agreed. My signature below signifies the accuracy of all information and also signifies agreement with the credit terms of Crossroads Valero.

Signature \_\_\_\_\_

Today's Date \_\_\_\_\_