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## PERSONAL FLEET FUELING APPLICATION

Applicant: \_\_\_\_\_ Social Sec. \_\_\_\_-\_\_\_\_-\_\_\_\_  
Last Name First Name Middle Suffix  
Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_ Cell Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_

Co-Applicant: \_\_\_\_\_ Social Sec. \_\_\_\_-\_\_\_\_-\_\_\_\_  
Last Name First Name Middle Suffix  
Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_ Cell Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_

Mailing Addr.: \_\_\_\_\_  
Street Address City State Zip Code

Previous Addr.: \_\_\_\_\_  
(If less than two years at current address) Street Address City State Zip Code

Landlord/Mortgage Co.: \_\_\_\_\_ Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_  
(Circle One) Name Address

Applicant's Employer: \_\_\_\_\_ How Long: \_\_\_\_ Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_  
Name City/State

Co-Applicant's Employer: \_\_\_\_\_ How Long: \_\_\_\_ Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_  
Name City/State

### \*PLEASE READ CAREFULLY BEFORE SIGNING...LEAVING NO BLANKS (IF NOT APPLICABLE, WRITE "N/A", IF UNKNOWN WRITE "UNK")\*

1.Applicant(s) shall pay all bills from Company promptly upon receipt. If payment is not made in full within 30 days from the date of the bill, as to that amount which is unpaid, Applicant(s) shall be deemed in default and Applicant(s) hereby authorizes Company to charge the maximum late/default charge permitted by law (currently in Pennsylvania the maximum permitted late/default charge is 1.50% per month on unpaid balance.) In addition, if the customer's account is turned over to an attorney for collection, the customer shall be responsible for all attorney's fees and costs of collection incurred by Company.

2.Company is hereby authorized to investigate all references or other information listed herein, including engaging of any credit-reporting agency to make a determination of the qualifications of Applicant(s) for an account. I (we) authorize any creditors, banks and other references to release all requested account information to Company. By allowing the customer to open an account with Company, Company is not extending credit or allowing deferred payment.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Card #	Driver or Vehicle Name/Number (limited to 9 characters or less)	4 Digit Pin # (May leave blank if choosing to not activate Pin)
1		
2		
3		
4		
5		