

Roche Oil Inc.

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Credit Rating Request

To: _____ Date: _____

ATTN: Credit Department

Your customer has listed you as a credit reference. Below you will see a signature from them for the consent or authorization of account information. Will you please share your experience with us?

Customer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

The following information will be held in confidence.

Date Opened: _____ Terms: _____

Past Due: _____ Date of last payment: _____

Recent High: _____

Manner of payment please check one

Prompt _____ Good _____ Fair _____ Slow but collectable _____

Unsatisfactory _____

Any comments: _____

Customer Consent/ Authorization: _____

Thank you for your help!