

PREFERRED CUSTOMER CARD APPLICATION

NAME: _____

ADDRESS: _____

HOME TELEPHONE: _____

CELL TELEPHONE: _____

PLACE OF EMPLOYMENT: _____

DRIVER'S LICENSE NUMBER: _____

(MUST BE VERIFIED BY CASHIER OR MANAGER) _____
(INITIALS)

STORE: _____ DATE: _____

P:\freedomoil\forms:pcc application

FOR OFFICE USE

CV _____

EXL _____

D _____

APPROVED _____ DATE _____