



540 Heritage Dr.
Spearfish, SD 57783

Phone (605) 722-5850 ext 209
Fax (605) 722-5855

Employee Credit Application

Date of Hire _____

Name: _____

City/State/Zip

Address: _____

Phone Number: _____ Social Security Number: _____

Email Address _____

Terms:

Employees will receive automatic credit limit of \$100. Management will receive automatic credit limit of \$250.00. I understand that I am responsible for the entire balance on my card each month. Payment is deducted from paycheck on a bi-weekly basis each month. Upon termination, voluntary or involuntary, any unpaid balance on my account will be automatically deducted from my last pay check. Any unpaid balance will be submitted to a collections agency and may negatively impact my credit score.

Signature

Date

Any questions or problems with your account may be directed to Deb Aspelin
605.722.5850 ext. 209 or
ar@freshstartgas.com