



## APPLICATION FOR CREDIT

(Please fill out entire form)

DATE : \_\_\_\_\_ ( C ) ( H ) ( W ) PHONE 1 : \_\_\_\_\_ ( C ) ( H ) ( W ) PHONE 2: \_\_\_\_\_

NAME(S) ON ACCOUNT: \_\_\_\_\_  
 (Names must match SS# below)

HAVE YOU EVER HAD AN ACCOUNT WITH THIS COMPANY  YES  NO  
 HAVE WE EVER DELIVERED TO THIS LOCATION  YES  NO  NOT SURE

BILLING ADDRESS: \_\_\_\_\_

DELIVERY ADDRESS: \_\_\_\_\_

OWN/RENT HOME # OF YEARS: \_\_\_\_\_ LANDLORD PHONE #: \_\_\_\_\_

PREVIOUS ADDRESS & HOW LONG \_\_\_\_\_

PREVIOUS FUEL SUPPLIER: \_\_\_\_\_

BANK NAME: \_\_\_\_\_ CHECKING SAVINGS

BRANCH ADDRESS: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ #OF YEARS: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: (EMAIL BILLING) \_\_\_\_\_

CREDIT ACCOUNTS UNDER ABOVE APPLICANTS NAME(S)  
 (NO ACCT #'S PLEASE. CIRCLE ALL THAT APPLY-DO NOT USE PHONE, CABLE, ELECTRIC COMPANY)  
 MASTERCARD AMEX VISA CAR LOAN MORTGAGE

SOCIAL SECURITY #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

To The Best of My Knowledge the Above Is True INITIAL TO AUTHORIZE CREDIT REPORT: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

**\*COMPLETED APPLICATION IS NECESSARY FOR AUTO-DELIVERY & BUDGET PLANS**

**OFFICE USE ONLY**

AUTO Y/N HW/HT TANK LEVEL \_\_\_\_\_ LAST DEL \_\_\_\_\_