



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 FUEL SUPPLIER: _____

BANK NAME: _____ CHECKING SAVINGS

BRANCH ADDRESS: _____

EMPLOYER NAME: _____ #OF YEARS: _____

EMPLOYER ADDRESS: _____

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: _____

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To The Best of My Knowledge the Above Is True

SIGNATURE: _____ SIGNATURE: _____

DATE SIGNED: _____ DATE SIGNED: _____

INITIAL TO AUTHORIZE CREDIT REPORT: _____