

**ELDRIDGE PROPANE SERVICE CO.
LP GAS CREDIT APPLICATION**

NAME _____ SS# _____ DOB _____
SPOUSE NAME _____ SS# _____ DOB _____
STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE # _____ PHONE# _____
OVER 21 YEARS OF AGE: YES NO EMAIL ADDRESS _____
IF LESS THAN FIVE YEARS AT ABOVE ADDRESS GIVE PREVIOUS ADDRESS: _____

EMPLOYMENT

EMPLOYER NAME _____
ADDRESS _____ HOW LONG? _____
PHONE # _____ IMMEDIATE SUPERVISOR _____
PREVIOUS EMPLOYER IF LESS THAN 5 YEARS AT ABOVE _____ PHONE# _____
SPOUSE EMPLOYER _____
ADDRESS _____
PHONE # _____ IMMEDIATE SUPERVISOR _____

DO YOU? OWN OR RENT LANDLORD NAME _____ PHONE # _____
NEAREST RELATIVE NOT LIVING WITH YOU _____
ADDRESS _____ PHONE # _____ RELATION _____
PREVIOUS PROPANE SUPPLIER _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
DO YOU WISH TO RENT TANK? _____ DO YOU OWN YOUR TANK? _____
PROPANE TANK SIZE _____ %OF FUEL IN TANK NOW _____

WHAT LP APPLIANCES DO YOU USE? (CIRCLE)

HOT WATER TANK COOK STOVE CLOTHES DRYER CENTRAL HEAT OPEN FACE HEATER
WHAT DO YOU ANTICIPATE YOUR ANNUAL GAS NEEDS TO BE IN GALLONS? _____

WHAT TYPE OF PAYMENT PLAN DO YOU WISH? (CIRCLE ONE)

PAY WITHIN 10 DAYS FROM INVOICE PAY WITHIN 30 DAYS FROM INVOICE

DO YOU WISH TO HAVE AUTOMATIC DELIVERIES OR CALL FOR EVERY DELIVERY? _____

WHAT ARE THE DIRECTIONS TO YOUR HOME? _____

ARE THERE ANY SPECIAL INSTRUCTIONS TO SERVICING YOUR TANK? _____

ELDRIDGE PROPANE SERVICE CO. CREDIT TERMS ARE AS FOLLOWS:

IF YOU PAY WITHIN 10 DAYS YOU MAY SUBSTRACT .10 PER GALLON FROM INVOICE.
IF YOU PAY WITHIN 30 DAYS BUT LONGER THAN 10 DAYS YOU PAY NET AMOUNT OF INVOICE.
IF YOUR ACCOUNT IS OLDER THAN 30 DAYS IT MAY BE CHARGED 1.5% SERVICE CHARGE.
BUDGET PLANS ARE AVAILABLE. FOR INFORMATION CONTACT OUR OFFICE OR A SALESMAN.

THE UNDERSIGNED AGREES TO THE CREDIT TERMS AND TO ALLOW ELDRIDGE PROPANE TO RUN THE NECESSARY CREDIT REPORT.

DATE: _____ SIGNATURE _____ OK'D BY _____