



Customer Credit Application

P.O. Box 519
Paw Paw, MI 49079-0519
(800) 226-6779
(269) 415-0425
Fax (269) 415-0430

Full Name: (Last,First,Middle) _____

Present Mailing Address: _____

City: _____ Twp: _____ County: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

SS#: _____ Date of Birth _____ DL# _____

E-Mail Address: _____

Rent: _____ Landlord(name and number): _____

Own: _____ Years lived there: _____

Previous Address: _____

Employer (for emergency use only) _____ Phone #: _____

Employers Address: _____

Name of nearest relative not living with you:(for emergency use only) _____

Phone #: _____

Relationship: _____ Address: _____

What propane appliances do you currently have? _____ Central Heating _____ Space Heater _____ Range
_____ Water Heater _____ Dryer _____ Other

- I have read and understand the information in Important Propane Safety Information brochure.
-I understand how to turn off my supply of gas in case of emergency.
-I have smelled propane and can detect its order.
-I have received consumer safety information and an odor sniff sample.
-I have been advised to install a combustible gas detector.

Customer Signature: _____ Date: _____

TYPE OF SERVICE: _____ Will-Call _____ Keep-Full

*WILL CALL CUSTOMER ONLY, 3 BUSINESS DAY NOTICE FOR FUEL, IF TANK IS EMPTY AND REQUIRES SAME DAY SERVICE YOU WILL BE CHARGED A TRIP CHARGE OF \$125 or \$200 AND A \$65 PRESSURE TEST.
*FUEL SUPPLY IS CUSTOMERS RESPONSIBILITY. CHECK TANK GAUGE REGULARLY, WHEN TANK IS AT 30% CALL FOR DELIVERY.