

**EDMIL FUELS, INC.
CUSTOMER GAS CARD APPLICATION
FOR PUMPS AT 2 RICH ST., NEWVILLE, PA**

Personal Information

Name: _____

Address: _____

Telephone: (Home) _____ **Telephone: (Cell)** _____

Rent or Own: _____

If rent, landlord name/phone: _____

Place of Employment: _____ **Length of time there:** _____

Card Information

Number of cards requested: _____ **4 Digit Pin #:** _____

*****IMPORTANT*****

Name/Phone number of a friend/relative who has a card with us (if applicable)

OR

Local credit reference that we may contact (Name and Phone number)

Your Signature: _____ **Date:** _____

If you have any questions, please call 717-249-4901

If approved, you will receive your cards in the mail along with a letter explaining our billing procedures.

**Please return application by mail to: Edmil Fuels Inc.
501 Shatto Dr.
Carlisle, PA 17013**

By email to: edmilfuels@outlook.com