

CREDIT APPLICATION

Office: (830) 772-3460 . Fax: (830) 772-4500 P.O Box 606 . Lytle, TX 78052

								Office use only				
(To be completed by all adult residents at address requiring propane service.))	Rating:		Account#	Account#		
Applicant	Last	First	First		Middle		Date of Birth		Hm#	Hm#		
								Cell#	Cell#			
Joint Applican	t Last	First Middle			dle		Date of Birth		Hm#			
									Cell#			
Mailing Addres	S		City			State	Zip		Own:			
C			•						Rent:			
Previous Addre	SS		City			State	Zip					
	- 11 11 17											
If Renting – Giv	ve Landlord's Na	me					Phone:					
Applicant's En	nployer		Work Pho	one	ext.	How L	ong	Position	1			
How often paid: □ Weekly			Social Security No.					Driver's License No.				
□ Semi-Monthly □ Monthly												
Joint Applican	t's Employer		Work Pho	one	ext.	How L	ong	Position	1			
How often paid	Social Security No.					Driver's License No.						
□ Semi-Mor	onthly											
Nearest relative					Phone							
Credit Referen	ices (where you	now have an o	pen accou	nt):								
Name			Phone		Phone		Paym	Payments Account N		No.		
v did you hear al	out Patriot Gas?	□ Customer	Referral (d	customer	name):							
□ Internet Site	(specify):		_ □ New	spaper A	d □ Other	r: (specif	y):					
	above information ation contained he											
month following	are due and payable g purchase shall be gree along with any ing.)	ear interest @ 1	8% per ann	um from tl	he 1st day of the	he month f	ollowing p	ourchase until	l paid. Purchaser a	agrees to pa		
Date	Date App					plicant Signature						
Date	Date				Joint Applicant Signature							