



RESIDENTIAL CREDIT APPLICATION

Applicant's Name: _____ D.O.B: ___ / ___ / _____ S.S.#: _____ - ____ - _____

Address (mailing): _____
Street, P.O.Box City State Zip

Phone (home): _____ Phone (cell): _____ Email: _____

Applicant's Current Employer: _____ Phone (work): _____

Address (physical): _____
Street City State Zip

Co-Applicant's Name: _____ D.O.B: ___ / ___ / _____ S.S.#: _____ - ____ - _____

Co-Applicant's Current Employer: _____ Phone (work): _____

Address (physical): _____
Street City State Zip

Please Mark One: OWN RENT Name of Landlord: _____ Phone: _____

Length of time at current residence: _____

Previous Fuel Company: _____ Phone: _____

LIST 3 CREDIT REFERENCES BELOW:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Type of Fuel: #2 Oil Propane Kerosene

Applicant's Signature: _____ Date: _____

Directions & Comments: _____
