

Reliable Propane

Providing You With a Warm Home & Plenty of Hot Water

10140 County Road
Clarence Center, NY 14032

Fax: (716) 741-4419

Preferred Customer Credit Application

Name _____ Social Security Number ____-____-_____

Home Address _____ City _____ State ____ Zip _____

Home Phone (____) _____ - _____ Years at Present Address _____ Own [] Rent []

Address of New Home (if applicable) _____

Email Address _____

Name of Spouse _____ Spouse's SSN ____-____-_____

Employer's Name _____ Years There _____

Address _____ City _____ State ____ Zip _____

Business Phone (____) _____ - _____ Position _____

Nearest Relative/Friend Not Living with you _____

Address _____ Relationship _____

TERMS: A finance charge of 1½% per month on balances over thirty days. Net Amount on invoices applies to fifteen days from delivery. Gross applies after fifteen days. Reliable Propane owns all outside equipment. There will be a charge for any returned checks. The customer shall notify Reliable Propane in writing two weeks prior to moving. Propane remaining in the tank(s) at closing will be transferred to the new owner by the customer at the current rate. There is a minimum gas usage required of 500 gallons per year. There is a final pick up fee for tanks and equipment. For your personal security, your Social Security Number will be removed from this form and shredded after your application is processed.

I hereby certify that the information in this credit application is correct and authorize you or your agent to investigate the data furnished by me. Information provided remains confidential.

Signature of Applicant _____ **Date** _____

How did you hear about Reliable Propane? (Please check all that apply)

- | | |
|---|------------------|
| _____ Radio | _____ Internet |
| _____ Phonebook | _____ Newspaper |
| _____ Noticed our trucks | _____ Newsletter |
| _____ Family or friend recommendation: Name _____ | |
| _____ Other: _____ | |

*Please return this completed application to us either by fax (716-741-4419)
or in the self-addressed stamped envelope provided. Thank you.*

10140 County Road – Clarence Center, NY 14032 – (800) 675-8553 – (716) 741-3000 – Fax: (716) 741-4419