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 Application Form

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 _____ Cell Phone (_____)- _____-_____

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 _____Phone_____

TERMS: A finance charge of 1 ½% 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. Customer agrees to allow Company to file a Security Agreement and related UCC documents with the appropriate county office to protect its ownership interests in the equipment. There is a final pick up fee for tanks and equipment. There is a minimum usage required of 500 gallons per year. 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)

☐ Yard Signs ☐ Internet
☐ Phonebook ☐ 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.