

Charles Tart Propane Inc.
Credit Application

Applicants Name: _____

SSN: _____ DOB: _____ County _____

Delivery Address: _____

Mailing Address: _____

Home Phone #: _____ Cell Phone #: _____ Email _____

Own or Rent Home _____ How Long: _____

Employment _____ Employer Phone #: _____

Name of Relative Not Living With You _____ Phone #: _____

Detailed driving directions to customer location:

Routes:

Monthly _____ Twice _____ Range _____ Summer _____

LP Appliances (mark all that apply):

- Gas Pack #1 Gas Pack #2 Water Heater Space Heater
 Logs Range Dryer Outdoors Grill
 Generator Other _____

Number of tanks needed: _____ Tank Size(s): _____ Tank Owned by: Company Customer

Previous Supplier: _____

I authorize Charles Tart Propane, Inc. to verify the information provided on this form as to my credit and employment history and as needed for collections.

I certify that I am authorized to provide this information and sign this application, and that the above statements are true and complete. This application is my written authorization to conduct a credit inquiry on the persons and entities named above, and for the above listed references to provide information assisting with that inquiry.

Signature of Applicant: _____

Signature of Co-Applicant: _____

Date: _____