



2535 S. Van Dyke Rd.  
Marlette, MI 48453  
989-635-3596 or  
800 LONG GAS  
Fax #989-635-5585

7544 S. Brockway Rd.  
Yale, MI 48097  
810-387-2033 or  
877 LONG GAS  
Fax #810-387-4447

### Credit Application

Name: \_\_\_\_\_

Date of Birth: First \_\_\_/\_\_\_/\_\_\_ Middle Driver's License # \_\_\_\_\_ Last Social Security Number: \_\_\_/\_\_\_/\_\_\_

Delivery Address: \_\_\_\_\_  
Street Number Street/Road City State Zip

Mailing Address: \_\_\_\_\_  
Street Number Street/Road City State Zip

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_) \_\_\_\_\_ Mobile Phone(\_\_\_\_) \_\_\_\_\_

Own \_\_\_\_\_ Rent \_\_\_\_\_

Name of Landlord/Mortgagee: \_\_\_\_\_

Years at this address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

(If less than 1 year at current address)

Employer's Name \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_ Yrs: \_\_\_\_

Previous Propane Supplier: \_\_\_\_\_

#### Joint Applicant Information

Name: \_\_\_\_\_

Date of Birth: First \_\_\_/\_\_\_/\_\_\_ Middle Driver's License # \_\_\_\_\_ Last Social Security Number: \_\_\_/\_\_\_/\_\_\_

Employer's Name \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_ Yrs: \_\_\_\_

Three Credit References:

Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

I hereby authorize you or any credit reporting agency employed by you to investigate the references herein listed or any of the other information stated above to determine my qualifications for a credit account.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Joint Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_