

L.H. DICKENS & SON, INC.

2311 White Level Rd. • Louisburg, NC 27549

Phone: 919-853-2117 Fax: 919-853-3151

Date: _____

APPLICATION FOR CREDIT

APPLICANT NAME: _____ SS # _____
FIRST MIDDLE LAST

Home Phone: _____ Address: _____

Employer _____ Address _____ Work Phone _____

Position _____ How Long? _____

E-mail Address: _____

CO-APPLICANT NAME: _____ SS # _____
FIRST MIDDLE LAST

Employer _____ Address _____ Work Phone _____

Position _____ How Long? _____

E-mail Address: _____

LIST TWO NEAREST RELATIVES NOT LIVING WITH YOU:

Name _____

Address _____

Phone # _____ Relationship _____

Name _____

Address _____

Phone # _____ Relationship _____

() MOBILE HOME () HOUSE () BUSINESS LOCATION SIZE OF HOUSE: (sq. ft.) _____

() OWN HOME () RENT HOW LONG? _____ YRS. _____ MOS. _____

Property Owners Name _____ Address _____

Did you have a previous account with another gas company? _____ Yes _____ No If yes with whom? _____

Do you owe that company any money on an account? _____ Yes _____ No

BANK REFERENCE: _____ Acct. # _____

Address: _____ Phone # _____

Contact Person: _____

CREDIT REFERENCES:

Company Name: _____ Acct. # _____

Address: _____

Phone #: _____ Contact Person _____

Company Name: _____ Acct. # _____

Address: _____

Phone #: _____ Contact Person _____

Company Name: _____ Acct. # _____

Address: _____

Phone #: _____ Contact Person _____

NOTE: ALL CHARGES DUE BY THE 10TH OF THE MONTH FOLLOWING THE PURCHASE.

(PLEASE PUT DIRECTIONS TO HOUSE ON BACK OF THIS FORM)

