

# MIDWESTERN PROPANE GAS COMPANY

## CUSTOMER APPLICATION FOR CREDIT

418 S Belt E. Belleville, IL 62220

618-234-0524 • FAX: 618-234-0527 • [office@midwesternpropane.com](mailto:office@midwesternpropane.com)

Name: \_\_\_\_\_ D.O.B \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

S.S # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ D.L # \_\_\_\_\_ Cell# \_\_\_\_\_

Home # \_\_\_\_\_ Email: \_\_\_\_\_

Employer \_\_\_\_\_ Years: \_\_\_\_\_ Work# \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_ D.O.B \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

S.S # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ D.L # \_\_\_\_\_ Cell# \_\_\_\_\_

Home # \_\_\_\_\_ Email: \_\_\_\_\_

Employer \_\_\_\_\_ Years: \_\_\_\_\_ Work# \_\_\_\_\_

Billing

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

Delivery

Address (if different): \_\_\_\_\_

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

Is Residence to be served:  Owned  Rented Years: \_\_\_\_\_

If Renting, Owner's name: \_\_\_\_\_ Owner's telephone: \_\_\_\_\_

Emergency contact of someone not living with you:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Directions to your home:

\_\_\_\_\_  
\_\_\_\_\_

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT; AND I UNDERSTAND AND AGREE TO PAY IN FULL FOR MY PURCHASES WITHIN NOT MORE THAN 30 DAYS FROM THE DATE OF DELIVERY UNLESS OTHER WRITTEN ARRANGEMENTS ACCOMPANY THIS APPLICATION. I FURTHER UNDERSTAND AND AGREE TO PAY ANY CARRYING CHARGES TO MY ACCOUNT AT THE RATE OF 2% PER MONTH ON PAST DUE BALANCES, PLUS ATTORNEY FEES AND COLLECTION COSTS IF ANY INCURRED. IF LITIGATION BECOMES NECESSARY FOR ANY REASON ASSOCIATED WITH THIS CONTRACT, THE UNDERSIGNED STIPULATES TO THE SELECTION OF ST. CLAIR COUNTY AS TO THE APPROPRIATE VENUE.

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Co-Applicant's Signature Date

OFFICE USE: Credit processed by \_\_\_\_\_ Approved \_\_\_\_\_ Int. \_\_\_\_\_ Date: \_\_\_\_\_

Branch: Belleville \_\_\_\_\_ Sparta \_\_\_\_\_ Anna \_\_\_\_\_