



HOLTZMAN PROPANE, LC
Application for Credit – Residential

SECTION 1 – APPLICANT			
NAME (first, middle, last)		HOME TELEPHONE:	CELL NUMBER:
MAILING ADDRESS	CITY	STATE	ZIP CODE
PHYSICAL ADDRESS	CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER	DATE OF BIRTH	EMAIL ADDRESS	
EMPLOYER NAME AND ADDRESS			
EMPLOYER TELEPHONE	EMPLOYER WEBSITE	YEARS EMPLOYED	
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU			
DO YOU OWN OR RENT YOUR HOME? _____ Own _____ Rent IF RENTING, PROVIDE NAME AND TELEPHONE OF LANDLORD			
SECTION 1 – CO-APPLICANT			
NAME (first, middle, last)		HOME TELEPHONE:	CELL NUMBER:
MAILING ADDRESS	CITY	STATE	ZIP CODE
PHYSICAL ADDRESS	CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER	DATE OF BIRTH	EMAIL ADDRESS	
EMPLOYER NAME AND ADDRESS			
EMPLOYER TELEPHONE	EMPLOYER WEBSITE	YEARS EMPLOYED	
DO YOU OWN OR RENT YOUR HOME? _____ Own _____ Rent IF RENTING, PROVIDE NAME AND TELEPHONE OF LANDLORD			
SECTION 2 - FUEL			
Please check all appliances that will use propane: Central Heat ___ Space Heater ___ Logs ___ Range ___ Water Heater ___ Dryer ___ Generator ___ Pool Heater ___			
ALL ACCOUNTS WILL BE ON AN AUTOMATIC DELIVERY SCHEDULE.			
SECTION 3 – MILITARY STATUS			
ARE YOU OR YOUR SPOUSE IN ACTIVE OR RETIRED MILITARY? IF YES, PLEASE LIST BRANCH(ES)			
SECTION 4 – BANKING			
NAME OF BANK	ACCOUNT NO.	ROUTING NO.	
WOULD YOU LIKE TO SET UP AUTO PAY THROUGH THIS BANK? PAYMENTS WOULD BE DRAFTED ON INVOICE DUE DATE. <input type="checkbox"/> Yes, please draft payments automatically from this bank account. ATTACH VOIDED CHECK <input type="checkbox"/> No to auto draft option.	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	PHONE NUMBER	
<p>NOTICE TO APPLICANT: Credit terms are Net 30 days. All invoices are due in full within 30 days from date of invoice. We hereby authorize Holtzman Propane to obtain information from my bank required to approve credit as listed on this application. I/We authorize Holtzman Propane to make inquiries considered necessary (including requesting reports from consumer reporting agencies and other sources) in evaluating this application, and subsequently for purposes of reviewing, maintaining or collecting this account. This contract shall be construed under the laws of the State of Virginia, and the parties agree that jurisdiction and venue in any legal action relating to this contract shall be established, instituted, and prosecuted in the Courts of the County of Shenandoah, State of Virginia. To the extent permitted under applicable law, you will be responsible for interest at the rate of 18% per annum on all amounts not paid within terms and for all collection costs including reasonable attorney's fees, court costs and any other fees necessary for collection of any unpaid balance or for any other legal action relating to this contract. If auto pay has been selected under banking information, I/We hereby consent to the automatic payment withdrawals.</p>			
APPLICANT'S SIGNATURE: _____		DATE: _____	
CO-APPLICANT'S SIGNATURE: _____		DATE: _____	