



CREDIT APPLICATION

Date _____

Company Name _____

Phone# _____

Billing Address _____

Fax# _____

Mailing Address _____

E-Mail _____

City/State _____

Zip _____

A/P Contact Person/email _____

**TRADE REFERENCES
(Excluding Your Gas Supplier)**

Phone/Email address

1.) _____

2.) _____

3.) _____

4.) _____

BANK REFERENCES

Branch Name _____

Address/Phone: _____

**Thank You,
Customer Service/ASM**