



Ph: 989-684-3701 Fax: 989-684-4195

# Application For Services

*Please Print*

Customer's Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First MI Last M D Yr

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Or P.O. Box City State Zip

Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Emergency Contact: \_\_\_\_\_ Ph: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

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

Former Address: \_\_\_\_\_  
Street Or P.O. Box City State Zip

# Years At Former Address: \_\_\_\_\_ Email: \_\_\_\_\_

Employer/Dept.: \_\_\_\_\_  
Employer/Dept. Name City State Zip

**CREDIT HISTORY: Please Furnish Name And Address Of Nearest Banks And Businesses With Whom You Have Had Credit Dealings Below.**

Creditor #1: \_\_\_\_\_  
Business/Bank Name City State Zip

Creditor #2: \_\_\_\_\_  
Business/Bank Name City State Zip

*If Necessary Please Use Back Side Of This Application To List Additional Creditors.*

The information furnished or the purpose of obtaining credit is warranted to be true. I hereby authorize complete investigation of this application with no liability there from. I agree to pay all bills within 30 days of purchase or as otherwise expressly agreed.

\_\_\_\_\_  
Signature Date

*When Completed, Please Mail, Email Or Fax This Form To Greene's Gas Company For Processing*

**Thank You For Using Greene's Gas Company, Inc.**