

Customer Info

Name: _____

Address: _____

Telephone: Home _____

Cell _____

Work _____

Email: _____

Do you own or rent your property? _____

What tank size are you interested in?

- 100# cylinders
- 120
- 330
- 500
- 1000
- Not Sure

Account Type:

- Residential
- Commercial
- Industrial
- Agricultural
- Reseller (Dispenser)
- Other _____

Do you own your own tank? Yes or No

Who is your current propane supplier? _____

How many gallons do you use annually? _____

Please check all propane appliances:

- Furnace
- Range

- Water Heater
- Gas Logs
- Grain Dryer
- Pool Heater
- Generator
- Other _____

Which delivery method are you interested in?

- Auto Fill
- Will Call
- Not Sure

Which pricing program are you interested in?

- Budget
- Vapor Management Program
- Range Program
- Fixed Pricing
- Flexible Pricing
- Pick - A - Price
- Not Sure

Do you qualify for any of our pricing discounts?

- Senior
- Hero (Veteran, Firefighter, Law Enforcement)
- Masco
- Glatfelter
- Dupont
- Kenworth
- FPE
- Adena Health System

What is the best way to contact you? _____

What is the best time to contract you? _____

How did you hear about our company? _____

Litter Quality Propane
CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

| | | | |
|-----------------------------|--------------|--------------|--------|
| Title: | | | |
| Company name: | | | |
| Phone: | Fax: | E-mail: | |
| Registered company address: | | | |
| City: | State: | ZIP Code: | |
| Date business commenced: | | | |
| Sole proprietorship: | Partnership: | Corporation: | Other: |

BUSINESS AND CREDIT INFORMATION

| | | | |
|------------------------------|----------------|-----------|--|
| Primary business address: | | | |
| City: | State: | ZIP Code: | |
| How long at current address? | | | |
| Telephone: | Fax: | E-mail: | |
| Bank name: | | | |
| Bank address: | | Phone: | |
| City: | State: | ZIP Code: | |
| Type of account | Account number | | |
| Savings | | | |
| Checking | | | |
| Other | | | |

BUSINESS/TRADE REFERENCES

| | | | |
|------------------|--------|-----------|--|
| Company name: | | | |
| Address: | | | |
| City: | State: | ZIP Code: | |
| Phone: | Fax: | E-mail: | |
| Type of account: | | | |
| Company name: | | | |
| Address: | | | |
| City: | State: | ZIP Code: | |
| Phone: | Fax: | E-mail: | |
| Type of account: | | | |
| Company name: | | | |
| Address: | | | |
| City: | State: | ZIP Code: | |
| Phone: | Fax: | E-mail: | |
| Type of account: | | | |

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Litter Quality Propane to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

| | |
|-----------------|-----------------|
| Title: Date: | Title: Date: |
|-----------------|-----------------|