

**APPLICANT**

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

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

\_\_\_\_\_

Telephone: Home \_\_\_\_\_

Cell \_\_\_\_\_

Work \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Do you own or rent your property? \_\_\_\_\_

Current Employer: \_\_\_\_\_

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

\_\_\_\_\_

Employer's Telephone: \_\_\_\_\_

**Secondary Contact Information/Next of Kin:**

Name	Address	Telephone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

**CO-APPLICANT** (If more than one person will be on this account)

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

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Employer: \_\_\_\_\_

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

\_\_\_\_\_

Employer's Telephone: \_\_\_\_\_

By checking "Yes", this authorizes Litter Quality Propane to process your credit application  Yes  No

**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?** \_\_\_\_\_

**What is the square footage of your residence?** \_\_\_\_\_

**Please check all propane appliances:**

- Furnace
- Range
- Water Heater
- Gas Logs
- Grain Dryer
- Pool Heater
- Generator
- Other \_\_\_\_\_

**Are you interested one or more of the following?**

- Auto Fill
- Will Call
- Budget
- Vapor Management Program
- Range Program
- Pick A Price
- Fixed Pricing
- Flexible Pricing
- Not Sure

**Do you qualify for any of our pricing discounts?**

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

**What is the best way to contact you?** \_\_\_\_\_

**What is the best time to contact you?** \_\_\_\_\_

**How did you hear about our company?** \_\_\_\_\_