

AUTOMATIC LP GAS CO.

P. O. Box 313

Phone 756-3389
Fax 936-539-3389

CONROE, TEXAS 77305

CONSUMER INFORMATION

LAST NAME		First	M.I.	SSN	DOB/Age	
Current Address (NEW)		City	State	Zip	TDL	
Previous Address		City	State	Zip	Telephone, if available	Home:
Current Employer Name		Occupation	Telephone, if available			
Address		City	State	Zip	Work:	

Spouse Information

Spouse LAST NAME	First	M.I.	SSN	DOB/Age	
Spouse Employer Name	Occupation	Work			
Address	City	State	Zip		

PRESENT LANDLORD OR MORTGAGE HOLDER RENT _____ OR OWN _____ OR LEASE _____

NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE, OTHER THAN SPOUSE _____

Purpose of Application: _____
Lease Tank with Meter _____ Co-Signer _____
Lease Tank without Meter _____ Fill Bottles _____
Charge Gas _____ Automatic Check _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:

I/we certify that the foregoing information has been supplied truthfully, accurately and voluntarily, and therefore authorize the named creditor to investigate my/our creditworthiness, credit history and financial responsibility through any credit bureau or by any other reasonable means, including direct contact with past and present creditors. I/we also authorize banks and other financial institutions to give information to the named creditor in connection with this transaction about my/our savings and checking accounts and loans. If credit is extended as a result of this application, I/we agree to make payment promptly in accordance with the creditor's usual terms.

Date of application _____

Signature _____ (Person first named on application.)
Signature _____ (Spouse, only if joint applicant.)