

CREDIT APPLICATION

In order to establish credit with LAKES GAS CO. the information requested below must be provided in its' entirety. Please take a few minutes to complete this form. We cannot begin service until this and all required forms are returned to our office.

PRIVACY DISCLOSURE POLICY: Lakes Gas Co. has never shared or sold any of our customer's personal information and it is our policy to not share any such information in the future. We restrict access to non-public personal information about you to those employees who need to know that information to provide products or service to you. We maintain physical, electronic and procedural safeguards that comply with federal standards to guard your non-public personal information. We collect non-public personal information about you from the following sources: from you on applications or other forms, from your transactions with us, and from third parties such as a consumer reporting agency. We do not disclose any non-public personal information about any present or former customers except as permitted by law. We will provide government agencies information they request provided they are authorized by law to receive such information.

- I/We would like to apply for credit terms with Lakes Gas Co. (All information listed below must be completed)
- OR
- I/We do not want to apply for credit terms and are choosing to be a C.O.D. customer with Lakes Gas Co. ****No Checks Accepted.** Payment by cash, money order or credit/debit card only. ****Automatic Delivery is not an option as a COD customer. ** Please provide your name, landlord information (if applicable) and sign the bottom of this form.**

Applicant: _____ Co-Applicant: _____
First MI Last First MI Last

Address: _____ Address: _____
(Street Address) (Street Address--if different)

Address: _____ Address: _____
(City, State, Zip) (City, State, Zip-- if different)

Phone #/s: _____ Phone #/s: _____

Date of Birth: _____ SSN: _____ Date of Birth: _____ SSN: _____

E-mail: _____ E-mail: _____
 Do you wish to receive online (check all that apply): ___ Statements ___ Invoices Do you wish to receive online (check all that apply): ___ Statements ___ Invoices

Employer: _____ Employer: _____
(If self-employed, please list company name and information.) (If self-employed, please list company name and information.)

Date of Employment: _____ Date of Employment: _____

Years at Residence: _____ Own Rent Landlord _____

Landlord Address/Phone: _____

I/We give this information for the purpose of obtaining credit and certify that the above information is true and correct. Authorization is hereby given to check credit/ employment records, trade and banking references if applicable. If approved, I/we agree to make payments to LAKES GAS CO. according to their terms. No further delivery or service will be provided until the previous balance is paid in full. Discounts, when applicable will be allowed if the account is paid in full and received in our office within 10 days of delivery. It is further agreed that a late payment charge of 1.5% monthly on the unpaid balance will be applied on accounts not paid within 30 days, and I/we will pay any and all cost to collect on the account including but not limited to attorney fees. It is understood that delinquent account(s) will have their credit suspended.

Signature _____ Date _____ Signature _____ Date _____

OFFICE USE ONLY Credit Approved Credit Denied By: _____ Reason: _____

EMERGENCY CONTACT

Please list a person, other than yourself, that we may contact in the event of an emergency at your residence.

Name: _____ Phone: _____

Address: _____ Cell Phone: _____

SAFETY INFORMATION

Lakes Gas Co. believes that the opportunity of selling propane obligates us to quality service, safety and dependability. We will provide you with a variety of brochures and booklets (mailed with your Equipment Lease Agreement) that will provide propane safety information. Included in that mailing will be a brochure that will have a Scratch-N-Sniff area. Propane has an odorant added to it so you can detect leaks, if one should occur. Each member of your household should know it's odor. We will continue to make available the safety information for your reference by including it on the back of various forms, delivery invoices, etc. along with being located on our website, www.LakesGasCo.com. Please review all of the safety information provide to you and share it with your family members. If you have any questions please feel free to give us a call.