

P.O. Box 219 Fuquay-Varina, NC 27526 919-552-5474 Fax 919-552-5643

<u>Individual</u> Credit/Service Application

Applicant's Name:	D. #: (Name To Appear On Account)		
Social Security/Federal Tax I.l	D. #:		
Delivery Address:	City	State	Zip
Billing Address:			
Email Address:			
Phone: Home#	Work#	Mobile#	
For Joint Accounts:			
Spouse's Name:	Social Security#Owned (Check One)		
Is Property Being Served:	Rented	Own	ed (Check One)
If Rented, Landiord's Name: _		Pnone:	
Directions to Property:			
	County:		
Type of Service:	(Ex: Propane Gas)	Automatic Deli	Heater, Grill, Etc.)
The undersigned hereby certifies that and correct. Furthermore, the cred explained to the undersigned and a Johnson Oil & Gas Company	rewith, Applicant provides by K.B. Johnson Oil & Gas be Applicant, and such infoconnection with said purpall of the information problems of largeed to, and prompt payn	the information set for the pure rmation will be kept of oses. wided in this application of the control of the	or herein. The rpose of processing confidential except on for credit is true Gas Company as ess owed to K.B.
Signature	Date		
Printed Name of Applicant			