

# SERVICE ENERGY

# POORE'S PROPANE

PO BOX 1000  
CHESWOLD, DE 19936  
(302) 734-7433  
(302) 734-7439 FAX

PO BOX 24  
LEWES, DE 19958  
(302) 645-9050

1010 WASHINGTON AVE  
CHESTERTOWN, MD 21620  
(410) 778-0002  
FAX (410) 778-7362

CUSTOMER APPLICATION Account # \_\_\_\_\_ CrI \_\_\_\_\_

*Please fill out all information between the double lines.*

Date: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Primary Name: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Secondary Name: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Yrs @ Loc: \_\_\_\_\_

Email: \_\_\_\_\_ E-Mail Yes  No  and/or Paper Copy Yes  No

Delivery Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Directions: \_\_\_\_\_

Previous Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tank Size: \_\_\_\_\_ What Type of Fuel do you use? Propane  Fuel Oil  Kerosene  Other:

Would you like to be? Automatic  Will Call  Is your tank? Above Ground  Under Ground  Metered

Used For? Heat  Hot Water  Cooking  Gas Logs  Dryer  Pool Heater

How did you hear about us? \_\_\_\_\_ Current Supplier: \_\_\_\_\_

Do you Own  or Rent  your home? Please check one. Settlement Date (if own): \_\_\_\_\_

Landlord's Name (if you rent): \_\_\_\_\_ Phone: \_\_\_\_\_

Move In Date: \_\_\_\_\_

Primary Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Yrs. There: \_\_\_\_\_

Secondary Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Yrs. There: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby authorize you or any credit reporting agency employed by you to investigate the references listed or any of the other information stated above to determine any qualifications for a credit account. I agree to pay within my pay terms or finance charge of 24% annually or 2% monthly or minimum amount of \$7.50 will be applied.

Primary Signature \_\_\_\_\_ Secondary Signature \_\_\_\_\_

### Office Use Only

Previous Account # \_\_\_\_\_ Term Form: Yes  No  Work Order: Yes  No

Previous Name: \_\_\_\_\_ Initial Fill \$ \_\_\_\_\_ Security Deposit \$ \_\_\_\_\_

Connect Meter DATE: \_\_\_\_\_ Set Tank DATE: \_\_\_\_\_ Delivery DATE: \_\_\_\_\_

Taken By: \_\_\_\_\_ Did you LOG application? Yes  No

**Return completed form to: Poore's Propane, PO Box 1000, Cheswold, DE 19936  
or email to LALEXANDER@POORESPPROPANE.COM**