

Griffin's Propane, Inc.

Silver City, NM
P.O. Box 2737
Silver City, NM 88062
505-388-4433 / 1-800-924-4437
Fax 505-538-0010

Las Cruces, NM
P.O. Box 15068
Las Cruces, NM 88004
505-523-7775
Fax 505-523-7772

Lordsburg, NM
P.O. Box 2737
Silver City, NM 88062
505-388-4433 / 1-800-924-4437
Fax 505-538-0010

Safford, AZ
4223 S. Hwy 191
Safford, AZ 85546
928-428-0071 / 1-800-929-1898
Fax 928-428-7507

Show Low, AZ
P.O. Box 940
Show Low, AZ 85902
928-532-6665 / 1-800-869-5119
Fax 928-537-0348

NEW CUSTOMER INFORMATION & CREDIT APPLICATION

Your Name: _____

DOB: _____ SOCIAL SECURITY: _____

Spouses Name: _____

DOB: _____ SOCIAL SECURITY: _____

Mailing Address: _____
PO BOX or Street City State Zip

Physical Address (and directions) of home receiving PROPANE service: _____

Home Phone: () _____ . Work Phone: () _____

Your Employer's Name: _____ & Phone# () _____

Your position at work: _____ Monthly Income: \$ _____

Spouses' Employer's Name: _____ & Phone# () _____

Spouses' position at work: _____ Monthly Income: \$ _____

YOU MUST COMPLETE THE FOLLOWING SECTION IF YOU DO NOT WANT TO BE LISTED AS A C.O.D. (CASH) CUSTOMER OR IF YOU WISH TO BE A KEEP FULL CUSTOMER.

Other source of Income: _____ Monthly Income: \$ _____

Bank Reference: _____ [] CHECKING [] SAVINGS [] LOAN

Credit Reference: _____ Phone# _____

Credit Reference: _____ Phone# _____

Personal Reference- Name: _____ Address: _____ Phone: _____

Additional Information: _____

[] Customer Owned Tank [] Griffin's Propane, Inc. Rental Tank TANK SIZE: _____ Gallons

All accounts are due and payable on the 10th day of the month. Any account that is past due on the 26th day of the month will be put on a C.O.D. (cash on delivery) basis unless previous arrangements are made with Griffin's Propane, Inc.

I certify that the above information is true and correct to the best of my knowledge. I agree to the terms and conditions of this account. You are hereby authorized to check my credit and employment history.

Signature: _____ Date: _____

*****FOR OFFICE USE ONLY*****

Name of person accepting application: _____ Date accepted: _____

Credit Approved? YES NO CREDIT LIMIT: _____

REMARKS: _____

Signature of Credit Manager: _____ Date: _____