



111 South Fourth St. North Bayshore, NY 11706

Phone (631) 586-2264 Fax (631) 586-1505

Residential Account Application

Account#

Please fill out all the following information so we can update our files

FULL NAME:

ADDRESS:

NEAREST CROSS STREET

CREDIT CARD INFORMATION TO BE KEPT ON FILE

CODE

EXP DATE

HOME PHONE

CELL PHONE:

WORK PHONE

BANK NAME

ADDRESS

PHONE

BANK ACCOUNT NUMBER:

CHECKING OR SAVINGS

IS PROPERTY OWNED OR RENTED:

IF RENTED, PLEASE PROVIDE THE FOLLOWING INFORMATION

LANDLORDS NAME

ADDRESS

PHONE NUMBER

If credit is approved, I understand that the terms of sale is 10 days from date of delivery. I am aware that any balance due past 30 days will accrue finance charges. In the event the account is placed with a third party for collection, I will be liable to pay all costs, including reasonable attorney fees, court costs and finance charges. I also agree to immediately notify Starlite Propane Gas Corp of any changes of ownership to this account.

Signed:

Date:

Please print name of signature

OR

I (we) hereby authorize STARLITE PROPANE GAS CORP to make recurring charges to my Credit Card listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until STARLITE PROPANE is notified by me (us) in writing to cancel it in such time as to afford STARLITE PROPANE and Credit Card company a reasonable opportunity to act on it.

Signed:

Date:

Please print name of signature