

Laclede Gas Company Credit Application

AUTHORIZATION _____

Date _____

CUSTOMER ACCOUNT NUMBER _____

Amount Financed
\$ _____

Down Payment
\$ _____

Total Amount of Sale
\$ _____

DESCRIPTION OF PURCHASE _____

Information Regarding Applicant

Name of Applicant _____

LAST, FIRST, MIDDLE

SOCIAL SECURITY NUMBER _____

Previous Address _____

CURRENT ADDRESS

TOWN

ZIP CODE

ADDRESS

Date of Birth _____ / _____ / _____

Telephone Number _____

Employer's Name _____

Telephone Number _____

Number of Years _____

Employer's Address _____

Occupation _____

Salary _____

Per _____

Other Income: (Fill in only if you want such income to be considered with this application)

\$ _____ Per _____

Source(s) of other income: _____

Information Regarding Joint Applicant or Other Party

Name of Joint Applicant _____

LAST, FIRST, MIDDLE

SOCIAL SECURITY NUMBER _____

Relationship to Applicant (if any): _____

Telephone Number _____

Date of Birth _____ / _____ / _____

Employer _____

Marital Status

Applicant: Married Separated Unmarried (single, divorced, or widowed)

Other Party: Married Separated Unmarried (single, divorced, or widowed)

Assets Owned

Real Estate (Location, Date Acquired)	Value \$	Subject to Debt? Yes/No	Name(s) of Owner(s)

Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is accepted. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.

Applicant's Signature

Date

Applicant's Signature

Date

For Office Use Only

Application Reviewed by: _____

Date _____

Approved / Denied
(circle one)