

111 South Fourth St. North Bayshore, NY 11706 Phone (631) 586-2264 Fax (631) 586-1505 Residential Account Application

Account#

FULL NAME:

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

ADDRESS:			
NEAREST CROSS STREET		CREDIT CARD INFORMATION TO BE KEPT ON FILE	
		CODE	EXP DATE
HOME PHONE	CELL PHONE:	CODE	WORK PHONE
BANK NAME	ADDRESS		PHONE
	BANK ACCOUNT N	IUMBER:	CHECKING OR SAVINGS
IS PROPERTY OWNED	OR RENTED:		
IF RENTED, PLEASE PELANDLORDS NAME	ROVIDE THE FOLLOWING IN	NFORMATION	Ī
ADDRESS	PHONE NUMBER		
any balance due past 3 party for collection, I w	0 days will accrue finance o ill be liable to pay all costs, agree to immediately notify	charges. In the including rea	ays from date of delivery. I am aware that e event the account is placed with a third asonable attorney fees, court costs and nane Gas Corp of any changes of
Signed:	Date:		
	OR		Please print name of signature
listed below, and, if ned authority will remain in	STARLITE PROPANE GAS cessary, initiate adjustments effect until STARLITE PRO	s for any tran PANE is notit redit Card co	ke recurring charges to my Credit Card esactions credited/debited in error. This fied by me (us) in writing to cancel it in mpany a reasonable opportunity to act on
			Please print name of signature