

H.C. WOODMANSEE & SON

2 Mechanic Street, Hope Valley, RI 02832
Phone: 401-539-2425 | Fax: 401-539-0570
www.woodmanseehc.com

Residential Credit Application

Date: _____

Prepared by: _____

Applicant

Joint Applicant

Name: _____

Name: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Social Security #: _____

Social Security #: _____

Mailing Address: _____

Mailing Address: _____

City, State, Zip Code: _____

City, State, Zip Code: _____

Previous Address: _____

Previous Address: _____

City, State, Zip Code: _____

City, State, Zip Code: _____

Please check one: Rent Homeowner Lease

Landlord information (if applicable) Name: _____ Phone: _____

Address: _____ City, State, Zip Code: _____

** Social Security Number is required if applying for credit.

The above information is being provided in conjunction with a request of open credit term. I hereby certify under penalty of perjury that the information provided is true to the best of my knowledge. The undersigned further understands that the Guaranty accompanying this application is necessary to extend credit to applicant. If this application is accepted the undersigned agrees to the terms (Standard Terms used are Net 30 days and COD) and conditions of the application and changes from time to time. The undersigned further agrees that all issues and disputes relating to any credit arrangement extended hereunder shall be governed in accordance with the laws of the State of Massachusetts, without reference to conflicts of laws principles and to pay for all legal cost plus attorney's fees.

In accordance with the terms and conditions listed above, Applicant hereby authorizes to obtain consumer credit reports.

Date _____ Applicant _____

Date _____ Joint Applicant _____

THE FAIR CREDIT REPORTING ACT

Applicant acknowledges and agrees that we may utilize outside credit reporting services to obtain information on Applicant. In the event Applicant is/are individual(s), the signing of the Application shall constitute authorization under the Fair Credit and Reporting Act to utilize consumer credit reporting agencies to provide reports on said individual(s) in order to evaluate the extension of any credit. This authorization will remain valid and enforceable until Applicant expressly revokes authorization in writing and served to us by registered or certified mail.

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants based on race, color, religion, national origin, or sex. The federal agency that administers compliance with this law concerning this credit is the Federal Trade Commission, Division of Credit Practices, 6th and Pennsylvania Avenue, NW, Washington, D.C. 20580. If credit is denied, the applicant has the right to a written statement of the specific reasons for denial. To obtain the statement, please contact Energy USA Propane, Attn: Corporate Credit Department, 100 Myles Standish Blvd. Suite 101 Taunton, MA 02780, within sixty (60) days from the date you were notified of the decision to deny credit. Energy USA Propane will send you a written statement of reasons for denial within thirty (30) days of receiving your request for the statement of reasons(s).

FOR COMPANY USE ONLY

New: _____ Resign: _____ Tank Size: _____ PPG: _____ Previous Account Name or Number: _____