

TOTAL COMFORT GAS, INC.

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APPLICATION FOR CREDIT

NAME _____ PHONE _____

ADDRESS _____

CITY, STATE, ZIP _____

BILLING INFORMATION: PURCHASE ORDER REQUIRED ____Y ____N

BILLING ADDRESS _____

CITY, STATE, ZIP _____

SPECIAL INSTRUCTIONS _____

RESIDENTIAL ACCOUNT

CREDIT CARD # _____ EXP DATE _____

NAME AS IT APPEARS ON CREDIT CARD _____

DRIVER'S LICENSE # _____ S S # _____

BANK _____ ACCOUNT# _____

COMMERCIAL ACCOUNT

CREDIT CARD # _____ EXP DATE _____

NAME AS IT APPEARS ON CREDIT CARD _____

BANK _____ ACCOUNT# _____

TEL# _____ CONTACT _____

REFERENCE _____

TEL# _____ CONTACT _____

REFERENCE _____

TEL# _____ CONTACT _____

GUARANTOR _____ SS# _____

TERMS: NET 30 DAYS. A finance charge of 1.5% per month (18% per annum) will be applied to all past due accounts. Account charges past 30 days will be submitted to the above listed Credit Card for payment. All cost of collection including reasonable attorney fees is the responsibility of the applicant.

We (I) certify that all the information on this application is correct and that we (I) fully understand the credit Terms and agree to the proper payment.

SIGNATURE _____

Printed Name _____

DATE _____

TITLE _____

Approved by _____

Credit Limit _____

DATE _____

ACCT # _____