



Charge Account Application

406 Grant Street
 Chambersburg, PA 17201
 122 Madison Avenue
 PO Box 307
 Waynesboro, PA 17268

Personal Information

Your Name	First	Middle	Last	Home Phone
Spouse Name	First	Middle	Last	
Address	Street #	City	State	Zip
Your Drivers Lic.#		Birthdate	/ /	Social Sec. #
Spouse Drivers Lic.#		Birthdate	/ /	Social Sec. #
Previous Address	Street #	City	State	Zip
Name of Close Relative	Name	Address		Home Phone of Relative

Work Information

Your Employer	Company	Address		City	State	Zip	Position
Your Business Phone		Years There	Weekly Salary	Other Income			
If You Rent	Lanlord Name	Address		Phone #			
Previous Employer	Company	Address		City	State	Reason for Leaving	
Spouse's Employer	Company			Weekly Salary			Full Time <input type="checkbox"/>
	Address	City	State	Zip			Part Time <input type="checkbox"/>
Spouse's Position			Years There	Business Phone			

Charge & Bank Accounts

<input type="checkbox"/> Mastercard	Account #	Exact Name on Acct.
<input type="checkbox"/> Visa		
Charge Acct.	Account #	Exact Name on Acct.
Savings Acct.	Account #	Address of Bank
Checking Acct.	Account #	Address of Bank
Mortgage Bank	Misc. Loans	

Buyer(s) hereby Acknowledges Receipt of a true copy of the credit agreement and billing errors information printed on reverse side.

NOTICE: I hereby authorize you or any credit reporting agency employed by you to investigate the references herein listed or any of the other information stated above to determine my qualifications for a credit account.

Buyer's Signature _____ Date _____
 Buyer's Signature _____ Date _____

Do not Write Below This Line Company Use Only

Customer Name	Middle	Last	
Delivery Address			Fill Location
Home Phone	Tank Size	Product	
Mailing Address	Street #	City	State
		Zip	
Delivery Instructions			<input type="checkbox"/> Heat Only <input type="checkbox"/> Heat & Hot Water <input type="checkbox"/> Burning Wood