

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 _____ SOCIAL SECURITY NUMBER _____
LAST, FIRST, MIDDLE

Previous Address _____ CURRENT ADDRESS _____ TOWN _____ ZIP CODE _____

Date of Birth ____ / ____ / ____ ADDRESS _____ 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 _____ SOCIAL SECURITY NUMBER _____
LAST, FIRST, MIDDLE

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 _____

Joint Applicant's Signature _____ Date _____

For Office Use Only

Application Reviewed by : _____ Date _____ Approved / Denied _____
(circle one)