



Cash Account Application

Date: _____

Applicant _____
Last First Middle Initial Date of Birth
Social Security Number _____

Co-Applicant _____
Last First Middle Initial Date of Birth
Social Security Number _____

Billing Address _____

Delivery Address _____
(If different from billing address)

Phone Number _____ Alternate Phone Number _____

Email Address: _____

Would you like to receive emailed: Invoices & Statements Yes _____ No _____

If in rural area, please give directions: _____

Type of Product: Propane _____ Fuel Oil _____ (#1 or #2?) Feed _____ Agronomy _____

Propane/LP Tank- Owned _____ Leased _____ Who is tank leasee? _____

Sales Tax Exempt? If yes, must complete exemption form.

I understand this is a cash basis account. Funds must be received in the office before or at the time of delivery.

Signature Date

Signature Date