

# Suhre's Gas Co., Inc.

100 Hamel Ave, PO Box 127  
Hamel, IL 62046 Phone: 618-633-2231

Please Print - Application must be completed in its entirety

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address: \_\_\_\_\_

Primary Phone \_\_\_\_\_

Secondary Phone \_\_\_\_\_

Primary E-mail \_\_\_\_\_

Social Security \_\_\_\_\_

Social Security \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

Drivers License # \_\_\_\_\_

Drivers License # \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Is the above address (circle one) Owned

Rented Purchasing Contract for Deed

The undersigned hereby authorizes that the above information is true and correct; he/she consents to allow Suhre's Gas Co., Inc. through its designated agent and its employees to obtain and verify my credit and or criminal background information for the purpose of determining whether or not to grant credit to me (us). I understand that should I be approved for credit, Suhre's Gas Co., Inc. and its agent shall have the continuing right to review my credit information, contact information, and payment history for account review purposes and for improving application review methods. Suhre's Gas Co., Inc. will not share any of the above information or any acquired information with any outside party except for collection purposes. Information will be kept confidential. If credit is granted, I, (we) the undersigned, do hereby personally guarantee payment to Suhre's Gas Co., Inc., PO Box 127 Hamel, IL 62046, of all debts and obligations. Accounts not paid within 30 days will on our billing date be charged finance charges at Suhre's Gas Co., Inc. current percentage rate of 24%. If debts are not paid in a timely manner, I the undersigned, acknowledge that collection and/or attorney fees will be incurred by me (us).

Signature: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Account Access Authorization: I/We Authorize the following person(s) access of my (our) Account:

Name: \_\_\_\_\_

Relationship \_\_\_\_\_

These authorizations shall remain in effect until the account holder or person with power of attorney verbally requests removal of the above mentioned.