



RESIDENTIAL CUSTOMER 30-DAY ACCOUNT APPLICATION

Customer Name:	Contact Phone #:
Additional Names on Account:	Additional Contact Phone #:
Service (Delivery) Address:	KEEP-FULL ROUTE WILL-CALL
City, State, Zip:	Have you lived at this residence for at least 3 years?
Billing Address: (if different than service address)	Bank Name & Address:
City, State, Zip:	Bank Contact:
Email Address:	Preferred Method of Billing: MAIL or E-MAIL
<u>Credit Reference – Creditor – Contact Name</u>	<u>Phone - Email</u>
1.	
2.	
3.	
<i>Applicant Signature:</i>	<i>Date:</i>

***A SERVICE CHARGE OF 1 ½% PER MONTH (18% PER ANNUM) WILL BE ADDED TO ALL OVERDUE INVOICES PAST 30 DAYS.**