

Application for Natural Gas Service - PENNSYLVANIA

Valley Energy, Inc.

**523 S. Keystone Avenue, P.O. Box 340, Sayre, PA 18840
Phone: (570) 888-9664 or 800-998-4427 / Fax (570) 888-6199**

Applicant Information

Customer Type:(Please check) Residential Commercial

Name:	SSN:			
<table border="0" style="width:100%;"> <tr> <td style="width:33%;">First</td> <td style="width:33%;">Middle Initial</td> <td style="width:33%;">Last</td> </tr> </table>	First	Middle Initial	Last	
First	Middle Initial	Last		

Business name (if applicable):			EIN/SSN:
Service address:			Apt. #
City:	State:	Zip:	Start Date:
Mailing address:(If different than service address)			
City:	State:	Zip:	
Home Phone: ()	Work Phone: ()	Cell Phone: ()	
Email address:			

Previous address:	City:	State & Zip:
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If you are renting or leasing your residence, please complete the following:

Owner's name:			
Owner's address:			
City:	State:	Zip:	Phone No.:

Employment Information

Current employer:			
Employer address:			
City:	State:	Zip:	How long? (yrs.)

Other source of income (example SSI, etc.)

List all individuals over the age of 18 living with you.

Name:	SSN:
Name:	SSN:
Name:	SSN:

I authorize Valley Energy to employ any credit bureau or other investigative agency to check the references herein listed, statements, or other data obtained from me or any other person pertaining to my credit and financial responsibility. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of sex, race or marital status.

Applicant Signature: _____ Date: _____

(to be completed by Company Representative)

DETERMINATION OF CREDIT RATING:

Please be advised that you have _____ have not _____ been denied credit.

Reason for denial _____

Deposit Required: _____ No _____ Yes Amount Required \$ _____ Amount Paid \$ _____

Date: _____ Customer Packet ___ yes ___ no

(Signature of Company Representative)