



# Residential Credit Application

Remit to Address : Stevens Propane      Fax: 231-228-3005  
 13026 S Maple City Rd      Phone: 231-228-3007  
 Maple City MI 49664

## Personal Information

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

## Address

Current Address \_\_\_\_\_ How Long? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Rent    Own      Monthly Payment \_\_\_\_\_

Previous Address \_\_\_\_\_ How Long? \_\_\_\_\_  
 (If above less than 2 years)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Landlord or Mortgage Holder \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Employment

Current Employer \_\_\_\_\_ Job Position \_\_\_\_\_ Monthly Salary \_\_\_\_\_

Address \_\_\_\_\_ How Long? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Employer's Phone \_\_\_\_\_

Previous Employer \_\_\_\_\_ Monthly Salary \_\_\_\_\_  
 (If above less than 2 years)      Job Position \_\_\_\_\_

Address \_\_\_\_\_ Previous Employer's Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Additional Income

Source \_\_\_\_\_ Monthly Amount \_\_\_\_\_ Income from alimony, child support, or maintenance need not be disclosed.

## Banking

Bank Name \_\_\_\_\_ Address \_\_\_\_\_

Loan Acct# \_\_\_\_\_ Checking Account # \_\_\_\_\_ Savings Account # \_\_\_\_\_

## Emergency Contact

Name of Nearest Relative \_\_\_\_\_ Phone \_\_\_\_\_  
 (Not living with you)

## Co-applicant

Please complete this section if another person (such as your spouse) will be using the account and will be responsible for payments.

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Current Employer \_\_\_\_\_ Job Position \_\_\_\_\_ Monthly Salary \_\_\_\_\_

## Validation

To the best of my knowledge the information I have given above is true. I agree that this application shall remain the property of Stevens Propane LLC and I hereby authorize them to obtain and exchange credit information about me, subject to applicable state and federal laws.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Co-applicant Signature (If joint ) \_\_\_\_\_