

KNOXVILLE OFFICE
545 WEST BAXTER AVENUE
KNOXVILLE, TN 37920
(865) 573-1917
FAX (865) 573-0063



CREDIT APPLICATION

NAME: _____ HOME PHONE: _____

ADDRESS: _____ WORK PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY NUMBER: _____

CREDIT REFERENCES:

1. _____ ACCOUNT# _____

2. _____ ACCOUNT# _____

3. _____ ACCOUNT# _____

IN GRANTING CREDIT, HOLSTON GASES, INC., MAY REQUEST A ROUTINE INVESTIGATIVE CONSUMER REPORT CONCERNING MY CREDIT. I ALSO AGREE TO PAY A LATE CHARGE OF ONE AND ONE-HALF PERCENT (1 ½%) PER MONTH ON THE UNPAID AND PAST DUE ACCOUNT BALANCE. IN THE EVENT THIS ACCOUNT IS PLACED IN THE HANDS OF AN ATTORNEY FOR COLLECTION, THE ABOVE NAMED INDIVIDUAL AGREES TO PAY RESONABLE ATTORNEY'S FEES APPROVED BY THE COURT.

CUSTOMER

DATE

PLEASE MAIL APPLICATION TO:

HOLSTON GASES, INC.
ATTENTION: CREDIT DEPARTMENT
P.O. BOX 27248
KNOXVILLE, TN 37927

OR FAX TO:

(865)573-0063
ATTENTION JAN GRAVES

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