



## CUSTOMER CREDIT REQUEST FORM

DATE: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

CUSTOMER NAME: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CREDIT AMT REQUESTED: \_\_\_\_\_

\_\_\_\_\_  
CUSTOMER SIGNATURE

Office Use Only	
USAGE (GAL):	_____
AVERAGE USAGE (GAL):	_____
USAGE CREDIT (GAL):	_____
CREDIT (DOLLARS):	_____
AUTHORIZATION:	
Administrator	Finance Director