

Credit Limit Cash Req**New Customer Application***This application must be filled out completely. Incomplete applications cannot be processed.***SECTION I**

Date \_\_\_\_\_

Name Shahab Fard Renavation Spot LLC Account # \_\_\_\_\_

Delivery Address Big Valley Dr

City Morganton State GA ZIP CODE 30560

Mailing Address 140 progress Ct Suit 7

City Blue Ridge State Ga ZIP CODE 30513

Phone Number Home \_\_\_\_\_ Work \_\_\_\_\_

Cell 404-904-7105 Local \_\_\_\_\_

Who can we thank for referring you? \_\_\_\_\_

E-mail Address teamfard@gmail.com

**SECTION II**

Social Security # 212-11-6354

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Status of Home Own ☐ Rent ☐

If Renting: Landlord/Owner \_\_\_\_\_ Phone \_\_\_\_\_

Gas Equipment in Use: Furnace ☐ Grill ☐ Space Heater ☐ Logs ☐

Cooking ☐ Hot Water ☐ Dryer ☐ Other \_\_\_\_\_

Would you like to be: Will-Call ☐ Keep-Full ☐

Monitor ☐

\*While on our Keep-Full program, you can receive a cash discount by using your credit card or our Budget Billing Program.

Would you like to apply to have your gas service paid by:

Automatic Bill Pay Yes ☐ No ☒Credit Card? VISA ☐ Mastercard ☐ Discover ☐Credit Card Number INVOICE Exp Date \_\_\_\_\_

Name as it Appears on Card \_\_\_\_\_

Card Billing Address \_\_\_\_\_

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

**SECTION III**

I, the undersigned, guarantee the above information to be correct, and to allow Folger Gas LLC to verify the information given by whatever means available. Should I default, I agree to pay all costs of collection, including collection agency fees, court costs, and reasonable attorney fees. I hereby authorize investigation of all statements in this application.

Applicant's Signature \_\_\_\_\_

**Shahab Fard**

404-904-7105

Shahab.Fard@folgergas.com  
www.folgergas.com