

NATURAL GAS POOLING CREDIT APPLICATION Request for Certain Credit and Financial Information						
Division		Pro	Projected Annual Usage MCF/YR (Required)		Projected Peak Month Usage MCF (Required)	
☐ Peoples & Peoples Equitable						
☐ Peoples Gas ~ Formerly Peoples TWP						
Complete Name of Firm:		Phone:	Phone:		Date of Application:	
Mailing Address:		City:	City:		Zip Code:	
Home Office Address:		City:		State:	Zip Code:	
Legal Structure: ☐Corporation ☐Parent ☐Subsidiary ☐Division ☐Single Entity ☐Partnership ☐Proprietorship						
Full Name of Parent Company:						
Type of Business:			State of Incorporation:		Date of Incorporation	
Parent Company's Home Office Address:		City:	City: State:		Zip Code:	
OFFICERS, PARTNERS OR PROPRIETOR						
Name:	Title:		Full Address:		Phone:	
Name:	Title:		Full Address:		Phone:	
Name:	Title:		Full Address:		Phone:	
Name:	Title:		Full Address:		Phone:	
TRADE REFERENCES						
Company:		Full Address:		Phone:		
Company:		Full Address:		Phone:		
Company:		Full Address:			Phone:	
Company:		Full Address:			Phone:	
BANK REFERENCE						
Bank Name:		Full Address	Full Address:		Phone:	
Bank Name:		Full Address	S:	Phone:		
History						
Previous Name of Business:			Previous Owner Name:			
Previous Address:						
PLEASE SUPPLY MOST RECENT FINANCIAL STATEMENTS (Audited where available)						
Applicant's signature attests financial responsibility and willingness and ability to remit amounts due in accordance with terms of any applicable agreements between applicant and Peoples Natural Gas and/or with terms of any invoices rendered to applicant by Peoples Natural Gas. If applicant defaults on agreed upon payment terms, applicant agrees to pay Peoples Natural Gas in addition to collection costs, attorney fees and court cost, should they be required to remedy the default.						
The information provided on this form is for the purpose of determining applicant's financial stability and is warranted to be true. I/We hereby authorize Peoples Natural Gas to investigate the references to my/our credit and financial responsibility.						
		Title:			Date:	
Name (Signature):		Title:		Date:		