



Residential Credit Applicaton

Name

First M.I. Last

Address

Street

City State Zip Code

Phone

Social Security #

Date of Birth

Employer

Company Name Phone #

Signature

By signing this credit applicaton, you authorize WOC Energy to obtain a consumer credit report that will be used to determine your credit status with WOC Energy.

**** WOC Energy Credit Department Use Only ****

Credit Mgr Initials _____ Date Reviewed _____

Credit Approved Yes No Dollar Amount Approved _____

Security Deposit Yes No Security Deposit Amount _____