

**Dixie Denning Supply Co.**  
**New Customer Application**  
**Benson: Fax 919-894-2871 Angier Fax: 919-639-0225**

Applicants Name: \_\_\_\_\_ Co-Applicants Name: \_\_\_\_\_

Applicants Date of Birth: \_\_\_\_\_ Co-Applicants Date of Birth: \_\_\_\_\_

Applicants DL #: \_\_\_\_\_ Co-Applicants DL #: \_\_\_\_\_

Delivery Address: \_\_\_\_\_  
Street # Street City State Zip \*\*COUNTY

Mailing Address: \_\_\_\_\_  
P.O. Box or Street Address City State Zip

Home Phone # \_\_\_\_\_ Co-Applicants Cell # \_\_\_\_\_

Applicants Cell # \_\_\_\_\_ Co-Applicants Work # \_\_\_\_\_

Applicants Work # \_\_\_\_\_

Detailed driving directions to customer location:

\_\_\_\_\_

\_\_\_\_\_

L.P. Appliances (circle all that apply):

Gas Pack # 1	Gas Pack # 2	Water Heater	Space Heater
Logs	Range	Dryer	Outdoors Grill
Generator	Cylinders Refills	Other _____	

Number of Tanks needed: \_\_\_\_\_ Tank Size(s): \_\_\_\_\_ Tank Owned By: Company  
or Customer

\*\*\*NOTICE\*\*\* Signing this application makes you aware and responsible for all charges to your account. Finance charges calculated at a monthly periodic rate of 1.5% (Annual Rate of 18%) will be charged on all unpaid balances outstanding 30 days or more as of billing date.

Signed: \_\_\_\_\_  
Applicant Date

Signed: \_\_\_\_\_  
Co-Applicant Date

FOR OFFICE USE ONLY:

Account # Assigned: \_\_\_\_\_ Driver: \_\_\_\_\_ Route: \_\_\_\_\_