Commercial Gas Appliance Service, Inc.
3620 Fairmount Ave.
San Diego, CA 92105
619-281-2513 fax 619-281-8369
comgas@sbcglobal.net

Application for Credit

Customer:

Date:_____

Name of Applicant _____ Telephone Number _____

Address _____ Fax Number _____ e-mail address _____

City _____ St _____ Zip Code _____ Name of Accounts Payable Contact _____

Ownership:

Name (President/Owner) _____ Address _____ City _____ St _____ Zip Code _____

Name (President/Owner) _____ Address _____ City _____ St _____ Zip Code _____

Finance:

Bank Name _____ Branch Phone Number _____

Branch Address _____ Account Number _____

City _____ St _____ Zip Code _____

Local Credit References:

Business Name _____ Address _____ City _____ St _____ Zip Code _____

Business Name _____ Address _____ City _____ St _____ Zip Code _____

Business Name _____ Address _____ City _____ St _____ Zip Code _____

Business Name _____ Address _____ City _____ St _____ Zip Code _____

All open accounts are to be paid in full in no more than 30 days from the date of Invoicing
I (we) certify that the above is true and correct, and that we can and will comply with these terms.

☐ yes _____ _____ _____
Name Title Date

For questions of comments contact:
Pam Stanzione
619-281-2513
pam.comgas@sbcglobal.net