



South Jersey Gas

Conversion Financing Application

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|---|-------|
| This area to be filled in by South Jersey Gas | |
| Date Received: | _____ |
| Received By: | _____ |

IMPORTANT: READ THESE DIRECTIONS BEFORE COMPLETING THIS APPLICATION

Please complete all information requested. Incomplete applications will be returned to you for completion. You must include a copy of your contractor's estimate for loan requests.

Check Appropriate Box:

- If you are applying for credit individually in your own name, complete only section A. Since the requested credit will be secured with a lien on the real property where the system is installed, also complete the first part of section C and section D.
- If you are applying for joint credit with another person, complete all sections providing information in section B about joint applicant. Since the requested credit is to be secured by a lien on the real property where the system is installed, also complete section D.

Amount of credit requested \$ _____ % interest _____ Months _____

Proceeds of credit to be used for: _____

SECTION A - INFORMATION REGARDING APPLICANT

Name _____

Installation Address _____
Last First Middle

City _____ State _____ Zip _____

Telephone _____

Current Mailing Address (if different) _____

Social Security Number _____ Total Annual Income \$ _____

Present Employer _____ Telephone _____

South Jersey Gas Account Number _____

SECTION B - INFORMATION REGARDING JOINT APPLICANT OR OTHER PARTY

Name _____

Relationship to Applicant _____
Last First Middle

Present Street Address _____

City _____ State _____ Zip _____

Telephone _____ Social Security Number _____ Total Annual Income \$ _____

Present Employer _____ Telephone _____

South Jersey Gas Account Number (if different from applicant) _____

SECTION C - PROPERTY INFORMATION

List names and addresses of all owners and co-owners of the property: _____

Installation Property Address - Street _____

Township _____ County _____ Lot _____ Block _____

SECTION D - CONTRACTOR INFORMATION

Contractor Name BLACK HORSE PIKE PLUMBING & HEATING II INC.
Contractor Address 4120 BLACK HORSE PIKE / SUITE C
City TURNERSVILLE State NJ Zip 08012
Telephone 856-875-6066
Make of Heating Unit _____
Model Number _____ BTU Input _____ AFUE _____
Water Heater - Make _____ Model Number _____
Air Conditioning Unit - Make _____ Model Number _____

FUEL CONVERTING FROM:

- OIL HEAT PUMP ELECTRIC PROPANE or LP
 OTHER _____

Everything that I have stated in this application is correct to the best of my knowledge. I understand that this application will be returned to me whether or not it is approved. South Jersey Gas is authorized to check my credit and employment history and to answer any questions about my credit history with South Jersey Gas.

I understand that the Federal Equal Credit Opportunity act prohibits creditor: from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that a person has the capacity to enter into a binding contract), because all or part of a person's income derives from any public assistance program; or because a person in good faith has exercised any right under the Federal Consumer-Credit Protection Act. The Federal Agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, 7th & Washington Avenues, Washington, DC 20580.

Date

Signature of Applicant

Date

Signature of Applicant

NOTE: Special financing terms offered only to qualified households converting to natural gas, with work performed by SJG Preferred Contractors. Interest-free financing is offered to a maximum of \$8,000, financed over a period not to exceed 60 months.

Fax completed application to SJG Financing at 609-561-6955.