CREDIT APPLICATION

CONFIDENTIAL

SEND COMPLETED APPLICATION TO:

UGI Central Penn Gas, Inc. 2525 North 12th St, Suite 360 Post Office Box 12677 Reading, PA 19612-2677

ATTN: David Beasten, Director - Rates

TEL 610-796-3425 FAX 610-796-3595 E-Mail dbeasten@ugi.com

				DUNS#			
BILL TO: (NAME)							
STREET:							
CITY, STATE, ZIP:							
TYPE OF BUSINESS:		MINORITY BUSINESS:					
Corporation Partners	hip	Proprietorship				Yes No	
IS CORPORATE STOCK TRADED? MOODY'S, S&P, OR OTHER CREDIT RATINGS:							
Yes No Symbol		Unsecured:	Secured:			CP:	
ACCOUNTS PAYABLE MANAGER:			PHONE #			FAX #	
ESTIMATED CREDIT LINE REQUIRED: (Credit lines over \$20,000 require financial statement)							
BANK REFERENCE							
BANK NAME		ACCOUNT #			CONTACT PERSON AT BANK:		
STREET ADDRESS	CITY	Y, STATE		ZIP	I	PHONE #	
						FAX #	
MAJOR TRADE REFERENCES							
COMPANY NAME ACCOUNT			NT #:			CONTACT PERSON AT REFERENCE:	
STREET ADDRESS	CITY	Y, STATE		ZIP		PHONE #	
						FAX #	

The undersigned being authorized and acting on behalf of the entity identified above:

1. Hereby authorizes UGI Central Penn Gas, Inc. ("UGI-CGP") to make such inquiries as UGI-CPG considers to be necessary to obtain credit information and authorizes our bank(s) of record to release credit information regarding our account(s).

ZIP

ZIP

ACCOUNT #:

ACCOUNT #:

CITY, STATE

CITY, STATE

2.	Hereby represents and warrants that all information (including any financial statements) now or hereafter supplied by or on behalf of the
	entity identified above to UGI-CPG is true and correct and does not omit any information whose omission would cause the information
	supplied to be materially misleading or incomplete.

3. Hereby agrees the entity identified above shall make any purchases from UGI-CPG solely in accordance with procedures established in Contract(s) with UGI-CPG. All such purchases shall be subject to acceptance by UGI-CPG and shall be governed solely by the terms and conditions of said Contract(s).

SIGNATURE

TITLE (Duly Authorized)

DATE

CONTACT PERSON AT REFERENCE:

CONTACT PERSON AT REFERENCE:

PHONE # FAX #

PHONE #

PRINTED NAME

Rev. 7/09

COMPANY NAME

STREET ADDRESS

COMPANY NAME

STREET ADDRESS