

NORTHFIELD ELECTRIC DEPARTMENT

CREDIT REFERENCE

NAME OF APPLICANT: _____ DATE _____

ADDRESS: _____

PLEASE SIGN BELOW TO AUTHORIZE YOUR CHOSEN CREDIT REFERENCE INSTITUTE TO RELEASE YOUR CREDIT HISTORY TO NORTHFIELD ELECTRIC DEPARTMENT. THIS INFORMATION WILL BE USED TO EVALUATE YOUR REQUEST FOR A WAIVER OF DEPOSIT.

Signature of Applicant _____ DATE _____

BANK REFERENCE: ACCOUNT# _____

NAME & ADDRESS OF BANK: _____

THIS APPLICANT HAS HAD AN ACTIVE CHECKING ACCOUNT IN THIS BANK FROM _____ TO _____ (MUST BE AT LEAST 1 YEAR) AND HAS HAD NO ACCOUNT THAT HAS BEEN OVERDRAWN WITHIN THE LAST YEAR.

SIGNATURE & TITLE OF PERSON COMPLETING THIS FORM : _____

FORWARD THIS CREDIT REFERENCE FORM TO ONE OF THE FOUR LISTINGS BELOW AFTER YOU COMPLETE THE ABOVE INFORMATION.

UTILITY REFERENCE: (ELECTRIC/GAS/TELEPHONE OR CABLE)

NAME OF UTILITY: _____

NAME ACCOUNT UNDER: _____

ACCOUNT NUMBER: _____ OUTSTANDING BALANCE: \$ _____

THIS APPLICANT HAS BEEN A CUSTOMER WITH THIS UTILITY FROM _____ TO _____ (MUST BE AT LEAST 2 YEARS) AND HAS MAINTAINED A GOOD CREDIT RECORD* FOR THIS PERIOD.

*GOOD CREDIT CONFIRMS THAT THE CUSTOMER HAS RECEIVED NO MORE THAN ONE (1) DISCONNECTION NOTICE WITHIN THE LAST YEAR AND NO DISCONNECTION OF SERVICE WITHIN THE LAST TWO (2) YEARS.

SIGNATURE & TITLE OF PERSON COMPLETING THIS FORM : _____

PAYMENT GUARANTEE BY ACTIVE CUSTOMER OF NORTHFIELD ELECTRIC:

CUSTOMER NAME: _____ ACCOUNT #: _____

I, _____, GUARANTEE PAYMENT, NOT TO EXCEED
\$ _____, FOR THE ABOVE PROSPECTIVE CUSTOMER _____,

FOR A PERIOD OF TWELVE (12) MONTHS. I UNDERSTAND ANY UNPAID BALANCE, NOT TO EXCEED THE AMOUNT GUARANTEED ABOVE, BECOMES MY RESPONSIBILITY FOR PAYMENT IF UNPAID BY THE ABOVE PARTY AT AN UNCOLLECTIBLE STATUS OF ACCOUNT. (GUARANTEE MUST EQUAL THE DEPOSIT AMOUNT.) CANCELLATION, BY EITHER THE ELECTRIC DEPARTMENT OR MYSELF, PRIOR TO THE END OF THIS PERIOD, REQUIRES A THIRTY (30) DAY WRITTEN NOTIFICATION, COPIES OF WHICH WILL BE SENT TO THE GUARANTOR, AND THE CUSTOMER FOR WHOM YOU ARE GUARANTEEING PAYMENT.

DATE _____

SIGNATURE OF CUSTOMER _____

OTHER CREDIT REFERENCES TO BE CONSIDERED:

NAME & ADDRESS OF REFERENCE: _____

NAME(S) ON ACCOUNT: _____

LENGTH OF SERVICE: _____ ACCOUNT NOW ACTIVE _____ YES _____ NO

ACCOUNT STANDING: MONIES OWED AT PRESENT? _____ YES _____ NO

IF YES, ON DELINQUENT STATUS? _____ YES _____ NO

ANY DELINQUENT COLLECTIONS PAST YEAR? _____ YES _____ NO

COMPLETED BY: _____ DATE: _____

SIGNATURE

ADDITIONAL COMMENTS: _____

THANK YOU FOR YOUR PROMPT ATTENTION TO THIS REQUEST. PLEASE FORWARD THE COMPLETED CREDIT REFERENCE FORM TO NORTHFIELD ELECTRIC DEPARTMENT, 51 SOUTH MAIN STREET, NORTHFIELD, VERMONT 05663. PLEASE USE YOUR COMPANY LETTERHEAD ENVELOPE.
