

CITY OF THIEF RIVER FALLS
Utility Billing Office
P.O.Box 528
Thief River Falls, MN 56701
Credit/Utility Application

NAME: Last First Middle			Social Security #		Date of Birth	
STREET ADDRESS:			Since		Own Rent <input type="checkbox"/> <input type="checkbox"/>	
PHONE: Home: Work:			Driver's License # (Required)			
MARRIED SINGLE		# of Dependents	Spouse's Name		Spouse's Social Security #	
<input type="checkbox"/> <input type="checkbox"/>						
EMPLOYER: Name & Address			Position Held		Since	
SPOUSE'S EMPLOYER: Name & Address			Position Held		Since	
FORMER UTILITY: Name		Address	City		State	Zip
NAME & ADDRESS OF NEAREST RELATIVE					RELATIONSHIP	
Have you or your spouse previously had an account with us? Yes <input type="checkbox"/> No <input type="checkbox"/>					When:	
If yes, under what name:						
CREDIT APPLICANT ONLY: Bank References (Name of Institution - Location)			<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan			
Other Charge Accounts (List Two)			Account or Card Number			
STUDENT UTILITY APPLICANT ONLY: If Student, Name and Address of Parents:			Attending: NCTC <input type="checkbox"/> Other <input type="checkbox"/> List Other:			
<p>To the best of my knowledge, the information provided herein is accurate and no attempt has been made to misrepresent the facts. I hereby authorize the person to whom this application is made, or any credit bureau or other investigative agency employed by such person, to investigate any reference herein listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility.</p>						
Customer Signature: _____					Date: _____	