

CUSTOMER REQUEST FOR CREDIT LETTER

DATE: _____

SEND CREDIT LETTER TO:

Company Name: _____

Mailing Address: _____

Fax #: _____

Attn: _____ **Ref. #:** _____

CREDIT LETTER TO BE PROVIDED FOR:

Customer Name: _____ **Contact Phone #:** _____

Easton Service Address: _____

EU Account #: _____ **Service Start Date:** _____ **End Date:** _____

By submitting this request the following information will be provided to the utility company above:

Number of Payments Made By Due Date: _____

Number of Times Delinquent: _____

Number of Times Disconnect for Non-Pay: _____

Number of Returned Checks: _____

Final Bill Paid or Not Paid: _____