

## **RESIDENTIAL REQUEST FOR CREDIT APPROVAL**

Rate 02/03

APPLICANT			CO-APPLICANT			
NSPI Account Holder's Name		Name	- Name			
Customer's NSPI Account #		Phone Number	Phone Number			
Address of Installation		Email address	Email address			
Phone Number		Date of Birth (dd/mm	Date of Birth (dd/mm/yyyy)			
Email address		Occupation /Annual I	Occupation /Annual Income/ Employer			
Date of Birth (dd/mm/yyyy)						
Occupation/ Annual Income/	Employer					
Installing Company Name		Installing Company Phone Number				
Installing Company Email		Sales Representative				
Product/Service to be Financed		Customer's primary heating system	Oil Natural Gas	Electric Other	Wood	
Financing Amount Requested (excluding tax)	\$	Customer's secondary heating system (if applicable)				
		er of the property where equipment is:		ks as required.		
NSPI Account Holder's Signature/ Applicant		 Co-applicant's Signature (ij	Co-applicant's Signature (if required)			
Date		Date				

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\*\*All installations must meet Nova Scotia Power criteria\*\*