

February 12, 2015

	CREDIT REFERENCE REQUEST
Service Address:	Account number:
Dear Credit Manager:	
requested that we verify [his/her] c	plication for service from <b>[NAME for credit reference]</b> . This individual has redit history with your company. Please answer the following questions abour the service period from to:
1) Type of Service: ☐ Gas ☐ Electric	: □ Both
2) Was the customer mailed Yes ☐ No If yes, how many?	ed any notice of delinquency during the past 12 months?
3) Was the customer disco ☐ Yes ☐ No	onnected for non-payment of their bill during the past 12 months?
4) What is the status of the □ Paid □ Not Pa	e customer's final bill? aid □ Not Rendered
5) Number of returned che	ecks on account:
Please sign this request and provide	de your contact information if follow up is needed:
Signature: Print name: Title: Phone number:	
Thank you for your assistance.	
Sincerely,	
Ameren Illinois Customer Service 800.755.5000	