

802-746-8018 1-800-281-8018

APPLICATION FOR LP SERVICE

Name of individual apply	ring for service			
Billing Address				
City	State	Zip	Code	
Home Phone#	Wo	rk Phone#_		
E911 Locatable Address	3			
Place of Employment				
Do you own or rent?	If renting,	who do you	rent from?	
If purchasing new home	, who was the prev	ious owner?		
Are you currently using	_P? Yes/No	lf	yes, tank size	
Reason for changing fro	m previous supplie	r		
Approx. annual usage _	gallons_ app	oliances usin	g LP	
The above named pers conditions of: C.V. Oil C				dance with the terms and
Credit Terms: Payable in check for all C.O.D. deli	-	ry after cred	it is established.	We require cash or bank
				charges for person(s) not accounts that are overdue
Three references are companies.	equired. One m	ust be your	current fuel or	LP supplier if changing
Business Name		ddress		Phone
2				
3				
We certify that all the above proper payment in consider references listed above to	ration of extended cr	edit. We auth	understand your coorize the release o	redit terms and agree to the of credit information from our
Signed			Date	
Signed			Date	