

WENDOVER GAS CO/ PROPANE OF WENDOVER, INC.

Office: 460 Mesa Street, West Wendover, NV

Mailing: P.O. Box 274, Wendover, Utah 84083

Phone: 775-664-2291 / Fax: 775-664-4422

Application

Date of Application _____ Date of Termination _____

Address to be Served _____ Date moving in or Needed: _____

Responsible Party to be served:

Name: _____ SS#: _____

Name: _____ SS#: _____

Current Mailing Address: _____

City, State, Zip: _____

Current message phone: _____ Cell Phone: _____

Work Phone: _____ Dept: _____

E-Mail Address _____

Spouse cell and/or work: _____ Occupation of Applicant: _____

Place of Employment: _____ Phone: _____

Spouse Occupation: _____ Place of Employment: _____ Phone: _____

Own, Rent, Lease/ From: _____ Phone: _____

Gas Check Fee: \$ _____ **Notes:** _____

Propane Security Deposit: \$ _____ **Notes:** _____

Additional Costs: \$ _____ **Notes:** _____

Total to Initiate Service: \$ _____ **Total Collected to Date:** _____

Deposit Refund Information, Returned Check Policy, and Late Fees Penalty Information upon request.

By signing this application, applicants agree to comply with The Gas Company's service regulations, including any future amendments adopted by public or private entities governing this application.

Applicant further agrees to pay billing promptly, and agrees to pay rate increases when instituted by the gas companies, state, or local authorities.

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Propane of Wendover / Wendover Gas Co.: _____ Date: _____

Starting Meter Reading _____