

## Order Gas

To request gas, please fill out the form below. DO NOT USE THIS FORM if you have emergencies or questions regarding a **Gas Odor** or **Carbon Monoxide**. Instead, please call us immediately at **1-270-547-2455** or **1-270-877-2661**.

### Delivery Address

Account Number \_\_\_\_\_ Reference \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Alt. Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

### Billing Address

Same as above address?

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Percentage of gas in tank now? \_\_\_\_\_

Fill Tank? \_\_\_\_\_ If not how many gallons? \_\_\_\_\_

Comments/Special Instructions

\_\_\_\_\_

I understand that by submitting this form, I am ordering gas. I also understand that submitting this application is as legally binding as signing and submitting a normal paper application with my signature.

\_\_\_\_\_

Please sign your name above