

BUSINESS APPLICATION FOR GAS SERVICES



WELLS PROPANE, INC.

PO Box 485 · WELLS, NEVADA 89835

(775) 752-3421 FAX (775) 752-3124 WELLS

www.wellspropane.net

(775) 753-6788 FAX (775) 753-6037 ELKO

Company Name: _____

Mailing Address: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Tax ID Number #: _____

Fax Number: _____

AP Contact: _____

Email: _____

I/we, the undersigned, upon applying for service with Wells Propane, do agree to keep current all accounts that are due. Should it become necessary to demand payment or to initiate legal proceedings for collection on past due accounts, all additional costs will be my/our responsibility, and gas service disruptions may occur.

_____ I/we also understand that Wells Propane is governed under specific laws and company policies pertaining to safety. In the event that an irregularity or question of safety should arise, or should Wells Propane or any employee of this company become aware of such irregularity or a question of safety, Wells Propane will attempt to notify me/us. Disruption of service may occur until such time the repairs of the irregularity or safety hazards have been corrected and approved by this company.

I/we further understand that it is my/our responsibility to contact this office should a possible safety hazard, irregularity, or danger involving my/our gas services occur, and any repairs to correct such hazard, irregularity, or danger will be at my/our expense.

Applicant's signature: _____ Date: _____

Thank you for choosing Wells Propane as your propane provider. We appreciate your business.

LP SAFETY POINTS

- Your gas has been odorized so that you can smell it. Always smell around for gas before lighting your appliance.
- If you smell gas do not attempt to light your appliance.
- Do not touch electrical switches or use the phone in your building.
- Shut off the gas supply to the appliance.
- Sniff for propane gas at floor level. Propane is heavier than air and may temporarily exist at floor level.
- If you smell gas do not attempt to light the pilot. Do not cause a spark by tuning on or off electrical switches or appliances or by using the phone. Turn off the gas to the appliances and call your gas supplier from another location.
- If your gas control has gotten wet as the result of flooding, it must be replaced by a trained gas service technician. Water can lead to damage of the internal safety mechanism in the gas control and create a hazardous condition.
- Never tamper with or use force or tools on the gas control system. If the gas control knob will not operate by hand, the control must be replaced. Repairs must be made by a trained gas service technician

REMEMBER, IF YOU SMELL GAS, DON'T LIGHT!

✓ **OTHER IMPORTANT LP- GAS REMINDERS**

- **Never transport LP cylinders in an enclosed portion of an automobile.**
- **Always transport properly secured LP cylinders in the upright position in an open bodied vehicle**
- **Never take or use an LP cylinder larger than 1 lb. into your home**
- **Always close cylinder valve after each use or when empty.**

I have read and understand this material, and I have received a copy of this safety information. I will also make sure my family, or other persons who may have antral over my gas appliances have also read and understand this material.

Signature _____ Date _____

FOR SERVICE CALL: WELLS PROPANE, INC

WELLS: 775-752-3421 ELKO: 775-753-6788

FOR OFFICE USE

_____ Application	_____ Keep Full
_____ Safety	_____ COD
_____ Lease	_____ Meter Account
_____ Deposit	_____ Will Call

_____ Landlord Name or Previous Owner _____
_____ Serial # or Meter # _____
_____ Meter Reading or Route # _____

BUSINESS REFERENCES

Company Name _____
Physical Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Email _____ Contact _____

Company Name _____
Physical Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Email _____ Contact _____

Company Name _____
Physical Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Email _____ Contact _____

Company Name _____
Physical Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Email _____ Contact _____