



# ACCOUNT APPLICATION

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT. \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ CELL PHONE \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

OR DRIVERS LIC # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Would you like your invoice and statement by email: YES OR NO (INITIAL \_\_\_\_\_)

WHO WAS YOUR PREVIOUS PROPANE PROVIDER? \_\_\_\_\_

WHY DID YOU CHANGE PROPANE PROVIDERS? \_\_\_\_\_

HOW DID YOU HEAR ABOUT CONGER LP GAS? \_\_\_\_\_

EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

CLOSEST RELATIVE NOT LIVING WITH YOU \_\_\_\_\_

PHONE \_\_\_\_\_

PERSONAL REFERENCE \_\_\_\_\_ PHONE \_\_\_\_\_

### BUSINESS REFERENCES:

1) \_\_\_\_\_ PHONE \_\_\_\_\_

2) \_\_\_\_\_ PHONE \_\_\_\_\_

3) \_\_\_\_\_ Phone \_\_\_\_\_

***I authorize Conger LP Gas, Inc. to verify any information that is submitted on this form. I understand that on past due outstanding balances owed to Conger LP Gas Inc., I will have to pay all collection and court cost. I further understand that if I owe any outstanding balances, my service will be disconnected and a fee will be charged to restore service.***

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Account # \_\_\_\_\_

DIRECTIONS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_