GAS INFO REQUEST FORM

GENERAL

Date: ___/___/___
Company Name: _____
Company Contact: _____ Title: _____
Phone #: _____ Fax #: _____ Email: _____
Mailing Address: _____
street *city* *state* *zip*
Street Address: _____
street *city* *state* *zip*

ACCOUNT INFORMATION

For multiple accounts, please list all account numbers and current 12 month usage information on a separate sheet

Local Distribution Company: _____
Account #: _____
Service Address: _____
street *city* *state* *zip*

CURRENT 12 MONTHLY USAGE HISTORY

Please indicate gas units: ❑ CCF ❑ MCF ❑ DTH

MONTH	USAGE	MONTH	USAGE
JAN		JUL	
FEB		AUG	
MAR		SEP	
APR		OCT	
MAY		NOV	
JUN		DEC	

Current Gas Supply Contract Expiration Date (if applicable): _____
Current Supplier (optional): _____

Complete this form and mail or fax it along with a copy of your monthly gas bill to Snyder Brothers Inc.