

NEW CUSTOMER WORKSHEET

Name: _____ Date: _____

Site Address: _____

City, State, Zip: _____

Phone #: _____

If recently purchased property, please note who you purchased it from:

PROPANE (LP) or FUEL OIL:

Propane (LP) _____ Fuel Oil _____

Will Call _____ Scheduled Delivery _____

New Tank Set _____ Swap Tank Out _____ Own Tank _____

Tank Size: 123 _____ 250 _____ 500 _____ 1000 _____

Current %: _____

To help us better understand your energy needs, please select all that apply:

Furnace _____ Fireplace _____ Heater _____

Water Heater _____ Range _____ Dryer _____

Backup Heat:

Wood _____ Electric _____ LP _____

FUELS: Diesel / Gasoline

Tank Size: _____ Fuel Type: _____

Tank Size: _____ Fuel Type: _____

GAS STATIONS (for businesses only): *A card is required to be able to charge at the gas stations.*

Which location(s) will you charge at? ___ Medford ___ Rib Lake ___ Phillips ___ Stetsonville

Do you want your card kept at the gas station? ___ Yes ___ No

Do you have a fleet and your drivers will carry the cards? Indicate # of cards needed _____

Additional Comments: _____

OFFICE USE ONLY:

ACCOUNT # _____