

**GOSNOLD'S GAS, LLC
SIGN-UP FORM**



FULL NAME:

BILLING ADDRESS:

DELIVERY ADDRESS(S):

ADDITIONAL HOUSES

CITY:

STATE:

ZIP:

E-MAIL:

PHONE:

CELL/SUMMER PHONE:

I would like to have Gosnold's Gas as my propane tank supplier.

I currently use approx. _____ bottles per season (additional houses) _____

I understand that Gosnold's Gas, LLC is a bottle delivery service only, hooks up to existing regulators and does not service propane systems.

I understand that Gosnold's Gas will only open a tank valve if the house propane service has not been interrupted. When we make a propane gas delivery to our customer WHO IS OUT OF GAS, we will install the new cylinder, check the tanks and connections for leaks and shut off tank valves. You will need to have your system and appliances checked by a qualified technician for leaks before turning on tanks.

I agree that service will not be turned on until a qualified technician has checked the system for leaks and lights any pilot lights.

I am familiar with the smell of propane and know how to shut off my tanks.

SIGNED:

DATE:

MUST BE SIGNED (TYPED NAME QUALIFIES AS SIGNATURE) AND RETURNED BEFORE PROPANE CAN BE DELIVERED TO YOUR LOCATION!