



Cash Account Application

Date: _____

Full Name _____
Last First Middle Initial Date of Birth

Social Security Number _____

Full Name _____
Last First Middle Initial Date of Birth

Social Security Number _____

Billing Address _____

Delivery Address _____
(If different from billing address)

Phone Number _____ Alternate Phone Number _____

If in rural area, please give directions: _____

Type of Product: Propane ____ Fuel Oil ____ (#1 or #2?) Feed ____ Agronomy ____
Propane/LP Tank- Owned ____ Leased ____ Who is tank leasee? _____

Sales Tax Exempt? If yes, must complete exemption form.

I understand this is a cash basis account. Funds must be received in the office before or at the time of delivery.

Signature _____ Date _____ Signature _____ Date _____