

## APPLICATION FOR GAS SERVICE

### Wells Propane, Inc.

Applicant Name: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 Driver's License #: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_

Applicant's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 Nearest Relative: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 Previous Gas Supplier: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 Have you ever filed bankruptcy? \_\_\_\_\_ Date: \_\_\_\_\_

Spouse/Co-applicant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 Spouse/Co-applicant's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Has Spouse/Co-applicant ever filed bankruptcy? \_\_\_\_\_ Date: \_\_\_\_\_

I/we, the undersigned, upon applying for service with Wells Propane, do agree to keep current all accounts that are due. Should it become necessary to demand payment or to initiate legal proceedings for collection on past due accounts, all additional costs will be my/our responsibility, and gas service disruptions may occur.

\_\_\_\_\_ I/we also understand that Wells Propane is governed under specific laws and company policies pertaining to safety. In the event that an irregularity or question of safety should arise, or should Well Propane or any employee of this company become aware of such irregularity or a question of safety, Wells Propane will attempt to notify me/us. Disruption of service may occur until such time the repairs of the irregularity or safety hazards have been corrected and approved by this company.

I/we further understand that it is my/our responsibility to contact this office should a possible safety hazard, irregularity, or danger involving my/our gas services occur, and any repairs to correct such hazard, irregularity, or danger will be at my/our expense.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Spouse/Co-applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you** for choosing Wells Propane as your propane provider. We appreciate your business.

#### For office use

|   |   |  |
|---|---|--|
| Application <input type="checkbox"/><br>Safety <input type="checkbox"/><br>Lease <input type="checkbox"/><br>Deposit <input type="checkbox"/> | Keep Full <input type="checkbox"/><br>C.O.D. <input type="checkbox"/><br>Meter Account <input type="checkbox"/><br>Will Call <input type="checkbox"/> | Landlord name or previous owner : _____<br>Serial # or Meter #: _____<br>Meter Reading or Route #: _____ |
|---|---|--|

## CRITICAL SAFETY POINTS TO REMEMBER!

- *Your gas has been odorized so that you can smell it. Always smell around for gas before lighting your appliance.*
- *Sniff for LP-gas at floor level. LP-gas is heavier than air and may temporarily exist at floor level.*
- *If you smell gas do not attempt to light your appliance.*
- *Do not touch electrical switches or use the phone in your building.*
- *Shut off the gas supply to the appliance.*
- *Leave the building and call your supplier. If you cannot reach your gas supplier, call the fire department.*
- *Never tamper with or use force or tools on the gas control system. If the gas control knob will not operate by hand, the control must be replaced. Repairs must be made only by a trained gas service technician.*



- *If you smell gas, do not attempt to light the pilot. Do not cause a spark by turning on or off electrical switches or appliances or by using the phone. Turn off the gas to the appliances and call your gas supplier from another location.*
- *If your gas control has gotten wet as the result of flooding or other wetting, it must be replaced by a trained gas service technician. Water can lead to damage of the internal safety mechanism in the gas control and create a hazardous condition.*

REMEMBER, IF YOU SMELL GAS,  
DON'T LIGHT IT!



### \*\*\*OTHER IMPORTANT REMINDERS\*\*\* About LP-Gas

- ★ Never transport LP Cylinders in an enclosed portion of an automobile.
- ★ Always transport properly secured LP cylinders in the upright or standing position in an open bodied vehicle.
- ★ Never take or use an LP cylinder larger than 1 lb. into your home.
- ★ Always close cylinder valve after each use or when empty.

Date: \_\_\_\_\_

I, \_\_\_\_\_  
(please print name first, then sign)

have read and understand this material, and I have received a copy of this safety information. I will also make sure my family, or other persons who may have control over my gas appliances have also read and understand this material.

FOR SERVICE CALL: WELLS PROPANE, INC.

WELLS: 752-3421

ELKO: 753-6788



# WELLS PROPANE . INC.

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P.O. Box 485 • WELLS, NEVADA 89835 •  
www.wellspropane.net

(775) 752-3421 FAX (775) 752-3124 WELLS  
(775) 753-6788 FAX (775) 753-6037 ELKO

Date: \_\_\_\_\_

My signature below authorizes Wells Propane, Inc. to run a credit check on my past credit history. I understand that a \$10.00 processing fee is charged for this service.

Customer name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Social Security # \_\_\_\_\_

Customer Signature \_\_\_\_\_

The credit check is optional, but to be on keep-full service, we require a good credit check or a refundable deposit.