

PLEASE RETURN PROMPTLY TO:

COMMERCIAL APPLICATION

FOR OFFICE USE

PIKE NATURAL GAS
P.O. Box 249 144 Bowers Avenue
Hillsboro, Ohio 45133
Phone: (888) 863-0032

NAME _____

ACCOUNT / DIVISION _____

CUSTOMER NUMBER _____

CUSTOMER INFORMATION

Company Name			<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Corporation	Federal ID No.	Vendor's License No.	
Owner / Partner	Last	First	MI	Driver's License No.	Social Security No.	
Co-Owner / Partner	Last	First	MI	Driver's License No.	Social Security No.	
Gas Service Address		City	State	Zip	Res. Phone No.	Billing Phone No.
Mailing Address		City	State	Zip	Bus. Phone No.	Bus. Cell Phone No.
RENT <input type="checkbox"/>	Landlord's Name	Address / Account No.		Phone No. / Cell No.	After Hours Phone No.	
OWN <input type="checkbox"/>						

HAVE YOU HAD GAS SERVICE WITH US BEFORE? Yes No
Check the appliances at the service address.

- Gas Furnace / Wall Heater
- Gas Water Heater
- Gas Cooking Stove
- Gas Heated Pool
- Gas Clothes Dryer
- Gas Fireplace

Other _____

I / We expressly consent to jurisdiction in any court in Highland County, Ohio for the resolution of all disputes as a result of my account with Pike Natural Gas. Applicants must be at least 18 years old to sign this document.

Email _____

Owner / Partner Signature _____ Date _____

Co-Owner / Partner Signature _____ Date _____

IT IS HEREBY UNDERSTOOD AND AGREED THAT ALL OUTSTANDING BALANCES DUE ON MY ACCOUNT SHALL BE CHARGED A LATE CHARGE AT THE RATE OF 1.5% PER MONTH UNTIL PAID IN FULL.

METER NO. _____

READ ON _____

ERT NO. _____

DATE _____

DEP. _____

RECT. NO. _____

DATE _____

READ OFF _____

DATE _____

FINAL ADDRESS _____

PHONE NO. _____