
RESERVE GAS COMPANY, INC., RESIDENTIAL SERVICE APPLICATION

Previous Home Address _____ City _____ Zip _____

Previous Phone # _____ Length of Time at Residence _____

If you Rent, Landlords Name _____ Phone # _____

Print Your Name _____ SS (Last 4-Digits) # _____

Spouse/Significant Other (SO) _____ SS (Last 4-Digits) # _____
(PERSONS RESIDING AT SERVICE ADDRESS/FINANCIALLY RESPONSIBLE)

New Service Address _____ City _____ Zip _____

County of Residence _____ New Phone # _____

Cellular # _____ E-Mail _____

Billing Address _____ City _____ Zip _____
(ONLY COMPLETE IF DIFFERENT FROM NEW SERVICE ADDRESS)

Will you OWN _____ or RENT _____ at the above service address? If you will be
RENTING, Landlords Name _____ Phone # _____

Length of Lease _____

Landlords Address _____ City _____ Zip _____

Have you ever had service from Reserve Gas Company, Inc.? _____ If no, who was your previous
heating utility Company? _____

Please check if anyone in household is age 62 or older? _____ Blind? _____ Disabled? _____

Please check if anyone in household is receiving food stamps _____ HEAP _____ SSD _____ SSI _____

Are you interested in our Budget Billing Program? _____ (Yearly deadline is June 30th)

Your Employer _____ Job Title _____

Employer's Address _____ City _____ Zip _____

Employer's Phone # _____ Length of Employment _____

Spouse/SO Employer _____ Job Title _____

Employer's Address _____ City _____ Zip _____

Employer's Phone # _____ Length of Employment _____

(PLEASE CONTINUE ON BACK)

Emergency Contact _____
(PERSON NOT RESIDING AT SERVICE ADDRESS)

Address _____ **City** _____ **Zip** _____

Phone # _____ **Relationship** _____

Agreement Terms

You will be subject to a 1.5% late payment charge on each payment received after the specified due date. You agree to pay all charges on any check given by you that is returned by your bank due to insufficient funds or a closed account. If you default and Reserve Gas Company, Inc., hires an attorney to collect what you owe and the attorney is not a salaried employee of Reserve Gas Company, Inc., you agree to pay reasonable attorney fees up to 15% of the amount due, but no less than \$400.00 and the costs and disbursements of a court action.

Date Service to Start _____

Customer Signature _____ **Date** _____
(COPY OF DRIVER LICENSE REQUIRED FOR SIGNATURE VERIFICATION)

Customer Signature _____ **Date** _____
(COPY OF DRIVER LICENSE REQUIRED FOR SIGNATURE VERIFICATION)

Company Representative _____ **Date** _____



RESERVE GAS COMPANY, INC.

13441 Railroad St., PO Box 207, Alden, NY 14004-0207
(716) 937-9484 Fax #: (716) 937-9488
Serving the Community Since 1937

Monday - Friday 7:30 am - 4:00 pm
Saturday & Sunday Closed

Office Use Only

Service Address: _____	Turn On Date: _____	
½ Est. Deposit: _____	Signed ROW: _____	Project #: _____
Account #: _____	ID Verified: _____	New Cust. List: _____
Rate Class: _____	ST Code: _____	Walk Route #: _____
Welcome Packet: _____	Received Pressure Test: _____	Meter Read: _____ <input type="checkbox"/>
Unlock: _____	Unlock & Turn On: _____	Entered: _____
Unlock, Turn On & Relight: _____	Field Initials: _____	