

PLEASE RETURN PROMPTLY TO:

PIKE NATURAL GAS

P.O. Box 249 144 Bowers Avenue

Hillsboro, Ohio 45133

Phone: (888) 863-0032

**RESIDENTIAL
APPLICATION**

FOR OFFICE USE

NAME _____

ACCOUNT NUMBER _____

CUSTOMER NUMBER _____

CUSTOMER INFORMATION

Applicant's Name	Last	First	MI	D.O.B.	Driver's License No.	* Social Security No.
Co-Applicant's Name	Last	First	MI	D.O.B.	Driver's License No.	* Social Security No.
Gas Service Address	City		State		Zip	* Social security number is optional but another acceptable form of identification must be provided.
Mailing Address	City		State		Zip	Home / Cell Phone No.
Applicant's Employer				Work No. / Cell Phone No.	Length of Employment	Cell Phone No.
Co-Applicant's Employer				Work No. / Cell Phone No.	Length of Employment	Emergency Name & Phone No.
RENT <input type="checkbox"/>	Landlord's Name				Home / Cell 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 Heated Pool
- Gas Water Heater Gas Clothes Dryer
- Gas Cooking Stove Gas Fireplace

Other _____

Applicants must be at least 18 years old to sign this document.

Email _____ Handbook _____ Date _____

Email _____

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

IT IS HEREBY UNDERSTOOD AND AGREED THAT ALL OUTSTANDING BALANCES DUE ON MY ACCOUNT SHALL BE CHARGED INTEREST 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. _____