



**APPLICATION FOR NATURAL GAS SERVICE
DUE IN 10 DAYS**

This is an application for gas service on credit. Our company requires this form to be filled out, signed and returned to us within 10 days. All information will remain strictly confidential. You may be asked to show a driver's license or other proof of identification. A two-month cash deposit is required if this application is not completed. If you want this account to be in your name only, provide only the information for Applicant 1. If you are applying for joint credit with your spouse, your roommate or any other person, then the other person must sign this application as Applicant 2. Call us if you have questions: 715-425-6177, weekdays, 8 a.m. – 5 p.m.

PLEASE PRINT

THANK YOU!

Applicant 1: What is your full name (with middle initial)?	
Your Gas Service Address and City	
Landlord's Name and Phone, if Renting (leave blank if homeowner)	
What is your mailing address, if different from your gas service address?	
Telephone, Residence or Mobile	
Driver's License No.	
Social Security No. (We are extending credit to you.) (This identification will not be sold.)	
Employer's Name and City (or School)	
For Residences: How many other persons will occupy this home?	
Name and Phone of Parent or other Alternative Contact for gas shutoff emergencies	

Payment Options (circle yes if interested)

Do you want Electronic Funds Transfer (EFT)? **Yes No** If yes, please complete the EFT consent form on the back.

Do you want a Budget Plan? A Budget Plan gives you an averaged bill each month and keeps your bills predictable. **Yes No** If yes, we will call you with an initial monthly Budget bill so you can confirm your choice. We base your Budget bill on prior usage at your address or a similar property. Budget bills are adjusted twice each year to reflect actual usage and gas costs.

Applicant 2: What is your full name (with middle initial)?	
Telephone, Residence or Mobile	
Driver's License No.	
Social Security No. (We are extending credit to you.) (This identification will not be sold.)	
Employer's Name and City (or School)	

IMPORTANT! READ REVERSE SIDE, SIGN AND DATE.



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APPLICANT AGREES TO THE FOLLOWING:

Applicant agrees to be responsible for and to pay for all products and services delivered to applicant.

If more than one applicant signs this application, then each applicant shall be jointly and severally liable for payment for all products and services delivered to any applicant hereunder.

Terms:

- 1. St. Croix Valley Natural Gas Company requires payment in full upon receipt of each monthly statement unless other arrangements are made between applicant and St. Croix Valley Natural Gas Company.
2. A LATE PAYMENT CHARGE will be imposed if a monthly statement is not paid in full within 20 days following issuance of the statement. The late payment charge is 3% of the bill but not less than 30 cents.
3. For commercial accounts, a deposit may be required if applicant's credit is found to be unsatisfactory.

Each applicant hereby represents that he/she has reached the age of 18 and has the legal capacity to contract.

SIGNED (Applicant 1) DATE

SIGNED (Applicant 2) DATE

As our customer, you have certain rights under the Wisconsin Administrative Code and the rules of the Wisconsin Public Service Commission. Please review our pamphlet, Your Bill of Rights as a Gas Utility Customer.

Electronic Funds Transfer (EFT) Consent Form - Optional

I authorize St. Croix Gas and the financial institution named below to initiate entries to my checking account. This authority will remaining effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it.

Bank Name and Branch:

Signature: Date:

Important! Enclose a voided check or savings account deposit slip (mark VOID across it).

How EFT works: Your bill will come every month on or around the 5th. Look for the initials EFT in the bottom left corner. They indicate that payment will be automatically deducted from this checking account on the 25th of the month. If EFT does not appear, that means that you should pay the bill normally. EFT takes about one billing cycle to take effect. Questions? Call 715-425-6177 weekdays, 8 a.m. - 5 p.m.