



*Arrowhead Transfer, Inc.*  
*Arrowhead LP Gas*

# Service Application

100 Mount Roberts Street  
Juneau, Alaska 99801  
Phone: 907-586-3960  
Fax: 907-586-3356

Arrowhead Transfer, Inc. uses this information strictly for purposes of evaluating customers for accounts.  
This information will not be sold to or shared with any other company.

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Payables Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Operations Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer ID (EIN) or Social Security# \_\_\_\_\_ Tax Exempt# \_\_\_\_\_

Form of Organization: \_\_\_\_\_ Date Business Started or Incorporated \_\_\_\_\_

Govt. \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Non-Profit/Other \_\_\_\_\_

Information about your delivery location: (add additional pages for multiple tank locations)

Delivery Address: \_\_\_\_\_ City: \_\_\_\_\_

Do you own this place? Y / N or Rent from: \_\_\_\_\_

Was this address under another name previously? \_\_\_\_\_

Which appliances run on propane? \_\_\_\_\_

If **Residential** use - how many people living there? \_\_\_\_\_ Year round? \_\_\_\_\_

If **Commercial** use - what type of business is it? \_\_\_\_\_

Hours of Operation/ Days of Week \_\_\_\_\_ Year round? \_\_\_\_\_

Do you want to be on Keepfull? \_\_\_\_\_ (please notify us if your hours or propane usage changes)

For, and in consideration of credit extended by Arrowhead Transfer, Inc. and Arrowhead LP Gas, the undersigned Applicant hereby guarantees the full, faithful, and timely payment of this account, including any applicable service charges. Applicant certifies credit shall be used for business or commercial purposes only, and not for consumer credit. Applicant further certifies that the information provided on this application is true and correct, to the best of his/her knowledge, and further authorizes Arrowhead Transfer, Inc. and Arrowhead LP Gas to perform a credit check to verify said information.

Applicant agrees to pay collection costs and reasonable attorney's fees including costs of any appeals, in the event legal action becomes necessary to collect any outstanding balance. Applicant understands that all transactions between Arrowhead Transfer, Inc. and Arrowhead LP Gas and the undersigned shall be governed by the laws of the State of Alaska. Any suit, action or proceeding brought about by either party pursuant to the collection of any outstanding balance, or dispute arising there from, must be commenced at the State of Alaska Trial Court in Sitka, Alaska. Applicant hereby submits to the jurisdiction of said court, and consents to service of process by mail, return receipt requested.

I understand that **ALL INVOICES ARE DUE WITHIN 30 DAYS** of invoice date. Failure to meet this agreement may result in cancellation of the credit account. I understand that interest at the rate of 1 ½% per month (18% per annum) will be charged on amounts remaining unpaid over thirty days past invoice date, subject to a \$1.00 minimum charge.

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

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**Important Safety Notice:**

- We will do a system leak test for free when we begin service at your location.
- If any leaks are found, repairs will need to be made and the system re-tested at customer's expense. The tank will not be turned on until the system is leak-free.
- Thereafter, if you should run out of gas for any reason, we will need to perform a new system leak test to insure that your gas system is free of leaks. We will charge for this service call and will require that an adult be present to witness the test.
- You must keep your account paid in full in a timely matter so that you do not cause your deliveries to be delayed, because running out of fuel requires this additional expense.
- If you are on keepfull and have a sudden change of usage (extending your business hours, adding appliances, hot water leak, etc.) please let us know so that we can adjust your delivery schedule accordingly. Arrowhead LP Gas is not responsible for run-outs in this case and you will be charged for the corresponding leak test.
- If you choose not to be on keepfull, you should be sure to contact us for a delivery before your gauge drops below 20%, so that we can add you to our delivery route before you run out of gas.

I have read the above Safety Notice. \_\_\_\_\_ (initials)

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We have received the **Important Propane Safety Information** brochure and will make it available to all propane users at the delivery location. \_\_\_\_\_ (initials)

(Find more safety information at [www.arrowheadlpgas.com](http://www.arrowheadlpgas.com) and at your local Arrowhead LP Gas office)

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**Account options – please choose one:**

1. \_\_\_\_ **We will PREPAY for each delivery.**
2. \_\_\_\_ **We would like to be on the Credit Card/Debit Card AUTO PAY PROGRAM.**

I understand I will receive a delivery ticket with each delivery, showing the amount that will be charged to my card. I will also receive copies of annual tank rental invoices and invoices for requested labor, appliances and parts that are also charged to my card. I will promptly notify you if my card or expiration date should change. If for any reason, my credit card transaction is declined, I promise to immediately pay the balance upon notification.

Signature of cardholder: \_\_\_\_\_ Date: \_\_\_\_\_

3. \_\_\_\_ **We would like a 30 day account – here are our credit references:**

Bank Reference: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Creditor Name: \_\_\_\_\_ Creditor Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Requested Credit limit: \_\_\_\_\_