



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.

Individual Name: _____
Mailing Address: _____ Home Phone: _____
City, State, Zip: _____ Cell Phone: _____
Email Address: _____ Daytime Phone: _____
Last 4 digits of Social Security# _____ Date of Birth _____ Sr. Tax Exempt # _____

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

Delivery Address: _____ City: _____
Do you own this place? Or Rent from _____
Do you know name of who used to live there? _____
Which Appliances Run on Propane? _____
How Many People living there? _____ Do you want to be on KeepFull? _____

I agree to pay all collection costs and reasonable attorneys' fees, including costs of any appeals, in the event legal action becomes necessary to collect any outstanding balance. I understand that all transactions between Arrowhead Transfer, Inc. and Arrowhead LP Gas and the under-signed shall be governed by the laws of the State of Alaska. Any suit, action or proceeding brought 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 interest at the rate of 1.5% per month (18% per annum) will be charged on amounts remaining unpaid over thirty (30) days past invoice date, subject to a \$1.00 minimum charge.

Signed: _____ Date: _____

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. The tank will not be turned on until the system tests as 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 (adding another person to the household, extended company, change in fireplace use, hot water leak, etc.) please let us know so that we can adjust your delivery schedule accordingly.
- 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)

I have received the **Important Propane Safety Information brochure** and will familiarize myself with its contents. _____ (initials)

(Find More safety information at www.arrowheadlpgas.com and at your local Arrowhead LP Gas office)

Account options – please choose one:

1. ___ **I will PREPAY for each delivery.**

2. ___ **I 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. ___ **I would like to apply for a 30 day account – here is more information & credit references:**

Driver's License # _____ State _____

Current Employer: _____ Date of Hire: _____

Position: _____ Employer Phone: _____

Employer Address: _____

Creditor Name: _____ Creditor Name: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Phone: _____ Phone: _____

Nearest Relative (not living with you): _____ Relationship: _____

Mailing Address: _____ City, State, Zip: _____

Phone: _____

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 (within 30 days of invoice) payment of this account, including any applicable service charges. Applicant 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.

I understand that if approved for a credit account with Arrowhead Transfer, Inc. and Arrowhead LP Gas, I must pay within 30 days of invoice date. I understand that if I let my account go unpaid for 60 days beyond invoice date, my credit status will be cancelled, after which time I will be required to prepay for all future deliveries.

Signed: _____ Date: _____