



## Service Application



Complete both pages & return by email to: [arrowhead@lynden.com](mailto:arrowhead@lynden.com)  
or fax to your local office:  
Craig: 907-826-3916 Juneau: 907-586-3356  
Kake: 907-785-3156 Ketchikan: 907-225-4313  
Sitka: 907-747-6433 Petersburg: 907-772-9318 Wrangell: 907-874-3315

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(s): \_\_\_\_\_  
Email Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Last 4 digits of Social Security# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sr. Tax Exempt \_\_\_\_\_ Exp. Date \_\_\_\_\_

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 Keep Full? \_\_\_\_\_

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)

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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](http://www.arrowheadlpgas.com) and at your local Arrowhead LP Gas office)

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**Account options – please choose one:**

**1. \_\_\_\_ I will PREPAY for each delivery.**

If renting a propane tank, I agree to pay the annual rental renewal charge within thirty days of invoice date. I understand that I am to pay from the original invoice, because no statement will be mailed at later date.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**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. Send my receipt by email ☐

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

Electronic Delivery Options (initial the ones you would like emailed):

Please send all delivery and service invoices by email \_\_\_\_\_

Please send my tank rental invoice by email \_\_\_\_\_

Please send me a monthly account statement by email \_\_\_\_\_