



**12925 Twp Rd 50
Dunkirk, Ohio 45836**

CONSUMER'S APPLICATION – Renter

THE UNDERSIGNED, HEREINAFTER KNOWN AS "THE CONSUMER," REQUESTS SHELDON GAS CO., INC., HEREINAFTER KNOWN AS "THE COMPANY," TO CONNECT AND FURNISH GAS SERVICE TO MY PREMISES DESCRIBED BELOW. THE CONSUMER AGREES AND GUARANTEES TO PAY THE COMPANY FOR EACH CALENDAR MONTH DURING WHICH ANY SERVICE IS MAINTAINED OR SUPPLIED TO THE CONSUMER BY THE COMPANY AT SAID PREMISES. THE CONSUMER ALSO AGREES TO PAY ANY ADDITIONAL OR DIFFERENT CHARGES THAT MAY APPLY DURING THE PERIOD THAT THE CONSUMER IS PROVIDED WITH SERVICE OR GAS, AS CURRENTLY IN EFFECT AND PUBLISHED FOR THE COMMUNITY OR NEAREST COMMUNITY SERVED BY THE COMPANY, OR AS FILED WITH THE PUBLIC UTILITIES COMMISSION OF OHIO, INCLUDING ANY SUPPLEMENTS OR REVISIONS THEREOF. FURTHERMORE, THE CONSUMER AGREES THAT ALL CHARGES, WHETHER FOR "READINESS TO SERVE" OR GAS CONSUMED, WILL BE PAID PROMPTLY AT THE COMPANY'S OFFICE BY THE DUE DATE SET BY THE COMPANY AND IN ACCORDANCE WITH THE COMPANY'S RULES AND REGULATIONS, NOW AND HEREAFTER ESTABLISHED. THE CONSUMER WILL CONFORM AT ALL TIMES THE RULES, REGULATIONS, AND REQUIREMENTS OF THE COMPANY APPLICABLE TO THE SERVICES SUPPLIED NOW OR IN THE FUTURE. ADDITIONALLY, THE CONSUMER AGREES TO PROVIDE FIVE DAYS' NOTICE OF THEIR INTENTION TO DISCONTINUE THE USE OF GAS SERVICE. THE CONSUMER, IF NOT THE PROPRTY OWNER AGREES TO PAY THE SUM OF _____ AS A SECURITY DEPOSIT. CONSUMER WILL RECVICE A DEPSOIT RECETE FROM THE COMPANY.

Date: _____

Name: _____ Spouse or Other Adult _____

Service Address: _____

PO Box: _____

Town, State, Zip: _____

Source of Income: _____

Contact Information:

Phone: _____ Secondary: _____

Email: _____ Emergency Contact: _____

Phone: _____

Previous Service with us? YES NO

Address: _____

*Autopay Sign-Up YES NO (Will take card information if YES is selected.)

I/WE HAVE READ AND AGREE TO THE TERMS SET FORTH ON THIS APPLICATION.

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____