



**GENERATOR SALES AND SERVICE
PROPANE TANKS, LINES AND FUEL DELIVERY**

NEW CUSTOMER INFORMATION

DO YOU OWN YOUR PROPANE TANK? Yes - _____
(Signature)

NAME: _____
(First) (Last) (Suffix)

ADDRESS: _____
(Street Name/Number)

(City) (County) (State) (Zip Code)

PHONE: _____
(Home) (Cell) (Emergency)

EMAIL: _____

TANK SIZE: _____ TANK LOCATION: _____
(100, 250, 500, 1000) (Above /Under Ground)

PREVIOUS/CURRENT PROPANE PROVIDER: _____

DATE OF LAST PROPANE FILL (Approximate): _____

HOW OFTEN IS YOUR TANK FILLED EACH YEAR? _____

CURRENT PERCENTAGE ON GAUGE (IF KNOWN): _____

HAS THE TANK EVER RUN OUT OF PROPANE?: _____

DETAILS: _____

TYPE OF DELIVERY REQUESTED: Auto Will Call

TYPE OF PAYMENT PREFERRED: Check Credit Card No. _____

Customer Initials: _____ Date: _____

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