

CUSTOMER INFORMATION

Legal Entity Name: _____

Type of Corporation: _____ Tax ID: _____

Service Address: _____

City: _____ State: _____ Zip Code: _____

TEXAS GAS SERVICE ACCOUNT NUMBERS

Third-Party Qualified Supplier: _____

1 Contract Notice Address: _____

Attn: _____

City, State, Zip Code: _____

2 Invoice Address: _____

Attn: _____

City, State, Zip Code: _____

3 Contact Person: _____

Office Phone: _____

Cell Phone: _____

Email Address: _____

4 Emergency Contact: _____

Office Phone: _____

Cell Phone: _____

Email Address: _____

****Effective date is first of the month following 30-days advanced written notice and receipt of fully executed forms****

Return completed form to bdevelopment@texasgasservice.com.

If you have any questions, please contact: bdevelopment@texasgasservice.com or 512.370.8387.