



UNION OIL & GAS, INC.  
Mail to: P.O. Box 27  
Winfield, WV 25213  
Or Fax to: 304-586-9467  
Phone: 304-586-2151

## Residential Service Application

### Applicant Information:

Date of Application: \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Work: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

### Co-Applicant Information:

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

### Service Information:

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Directions: \_\_\_\_\_

Landlord's Name (if leased/rent): \_\_\_\_\_

### Billing Address:

Check if same as Service Address

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_ ZIP: \_\_\_\_\_

#### OFFICE USE ONLY:

Date Received: \_\_\_\_\_ By: \_\_\_\_\_

Previous Customer? Yes \_\_\_\_\_ No \_\_\_\_\_

Meter Deposit Received? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \$ \_\_\_\_\_