



National Fuel Resources, Inc.

NATURAL GAS INFORMATION REQUEST FORM

If you are interested in participating in the program, please fill out this application and fax it to the Wyoming County Chamber at 585-237-0231

CUSTOMER INFORMATION
PLEASE PRINT

Contact Person: _____ Title: _____

Legal Name: _____

Company/Doing Business As Name: _____

Telephone Number (with area code) () _____ - _____ Fax: () _____ - _____

Billing Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

Business Description: _____

Current Natural Gas Supplier Name: _____

*All information is confidential and you are not committed to the program at this point.
Upon receipt of the request form, a representative from National Fuel Resources will contact you.*

Current Gas Utility _____

Account Number _____

To the best of my knowledge, this information is true and correct.

Authorized Signature: _____ **Date:** _____

Wyoming County Chamber of Commerce
Telephone (585) 237-0230
Fax (585) 237-0231