COMMERCIAL NATURAL GAS DISTRIBUTION SERVICE AGREEMENT



Navitas Companies

P.O. Box 183 Eakly, Oklahoma 73033-0183 Ph. #405-494-4518 Fax #405-494-4228



Email: billing@navitasutility.com

Date:			
Business Name:			
Business Type:			
*Please Include Copy Of T	ax Exemption Certificat	e If Applicable (I.E. A	griculture, Manufacturing, Etc.)
Business Organization (Circle):	For Profit	Non-P	Profit
Approximate Square Footage of F	acility:		
Owner:			
Co-Owner:			
Social Security #/Fed ID #:			
Mailing Address:			
City / State / Zip Code:			
Physical/911 Address:			
City / State / Zip Code:			
E-mail Address:			
Phone #:	Mc	bile Phone #:	
The undersigned agrees to pay th policies governing said service. Th Responsibility" sheet and the "Co	ne undersigned also ack	nowledges receipt ar	grees to abide by the regulations and understanding of the "Line
Responsible Party (Primary):			
	(Printed Name)		(Signature)
Driver's License #:			
	(Please provide	e a copy of license)	
Responsible Party (Secondary):	(Printed Name)		(Signature)
Driver's License #:			
	(Please provide	e a copy of license)	
Property Owner:			
FOR INTERNAL USE ONLY	(Printed Name)		(Signature)
Account # Service	ce ID #	Deposit #	Deposit \$
Account Name			