



Application

Business Name _____

Billing Address _____

City _____ State _____ Zip _____

Business Phone Number _____ Fax Number _____

Mobile Number _____ E-mail _____

Website Address _____

Manager's Name _____

Owner's Name _____

1. If your business location is at a different address, please list below.

2. Do you have more than one store or business location? If so, please list the names and addresses of all of your stores. If you need additional space please attach a list.

3. Type of business:
 Appliance Plumber Natural Gas
 HVAC Other Propane

4. HVAC License # _____

5. Type or Brand of Products _____

**Please submit this form with your check for \$65 per store payable to:
Arkansas Gas Association, 3030 LBJ Freeway, Suite 1500, Dallas, TX 75234
Attn: Gas Appliance Specialists**

