



A **FERRELLGAS** COMPANY

111 South 4th Street Bay Shore, NY 11706
Phone (631) 586-2264 or 2265 Fax (631)586-1505

DATE: _____

I _____, TO THE BEST OF MY KNOWLEDGE OWN OUTRIGHT,
THE PROPANE TANK(S) STATED BELOW, AND GIVE PERMISSION STARLITE
PROPANE TO DELIVER PROPANE TO THE TANK(S). I AM AWARE THAT ANY
SERVICE OR MAINTENANCE OF THE TANK(S) IS MY RESPONSIBILITY.

PROPANE TANK(S) QUANTITY / TANK(S)

LOCATION OF TANKS(S)

NAME: PRINT _____

SIGNATURE _____

DATE: _____

NOTARY _____

DATE _____