



**COMMERCIAL APPLICATION FOR GAS SERVICE**

**Forward this application to**  
Builder Hotline Metro El Paso: [slimgas-metroelpaso@onegas.com](mailto:slimgas-metroelpaso@onegas.com)

**Meter Request Please call 1-866-206-9587**

Office to fill out

**Service Address:** \_\_\_\_\_ **Account #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Corporate Name** \_\_\_\_\_

DBA \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State: TX ZIP:** \_\_\_\_\_

**Home Office Address** \_\_\_\_\_

**Business Phone #** ( ) \_\_\_\_\_ **Fax #** ( ) \_\_\_\_\_

**Federal Tax ID#** \_\_\_\_\_ **Security Deposit#** \_\_\_\_\_

**President** \_\_\_\_\_ **Home Phone #** ( ) \_\_\_\_\_

**Owners Social Security #** \_\_\_\_\_ **Owners Drivers License #** \_\_\_\_\_  
Disregard if provided DBA

**Name of Accounts Payable** \_\_\_\_\_ **Phone #** ( ) \_\_\_\_\_

**BTU LOAD:** 4,328,000 BTU \_\_\_\_\_ **CITY PERMIT #** \_\_\_\_\_

**Requesting:** 4ounces ( ) 2# ( ) 5# (X) \_\_\_\_\_ **Returned # letter:** Yes ( ) No ( ) \_\_\_\_\_

**If Partnership, List Partner's Name, Address, SS# and Phone #**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

**Name of Management Company** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Phone Number** ( ) \_\_\_\_\_ **Fax #** ( ) \_\_\_\_\_

**Name, Address & Phone # of the Owner of Property** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Highlighted fields are mandatory, others are if applicable**