ORDER FORM

DATE _____ **PO#** _____

Questions? Contact the PSC office **Phone:** 800.392.0023 **Email:** dsimpson@txpropane.com
Mail: 8408 North IH-35, Austin, TX 78753 **Fax:** 512.836.6112

COMPANY NAME			CONTACT
SHIPPING ADDRESS			BILLING ADDRESS
CITY	ST	ZIP	EMAIL
PHONE			FAX

ITEM #	DESCRIPTION	QUANTITY

Payment Checks should be made payable to *Propane Service Corporation*

Method of payment: ☐Credit Card ☐Check ☐Invoice (established customer accounts only)

Credit Card info: ☐MC ☐Visa ☐Amex ☐Discover

Card number _____ Exp Date ____/____ CSV _____ Billing Zip _____

Signature _____ Date _____