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## Propane Request Price Quote and/or Schedule Delivery Form

Requesting:  Price Quote  Schedule Delivery

Contact Name: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Preferred Method of Contact:  Telephone  Mail  E-Mail

Propane Product(s)	Tank %	Gallons Needed
Residential Propane		
Commercial Propane		
Dryer Propane		

### COMPLETE ONLY IF SCHEDULING PROPANE DELIVERY

Product Delivery Address: _____		
City: _____	State: _____	Zip Code: _____
Same as Above <input type="checkbox"/>		
Billing Address: _____		
City: _____	State: _____	Zip Code: _____
Expected Date of Delivery: _____		

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
(Must be Account Signer)