

Suite 101, 107 Mackenzie Road PO Box 2298 Inuvik, NT X0E 0T0 Telephone: (867) 777-3422

Office Use Only				
Verified:				
Date:				

## Dear Customer

Fax: (867) 777-3339

be advised we require confirmation	ion of 12 months of	good credit history is	it to your previous utility company. Please n order to review your deposit requirement. any payment history and will remain
Authorization to Disclose Previo	ous Account Inform	ation to Inuvik Gas L	td.
PREVIOUS UTILITY CON To be completed by customer		UNT INFORMATI	ON
Address		City/Town	
Utility Company			
Address			
Service dates from			
Signature- Customer	Date		Contact Phone Number
PREVIOUS UTILITY ACC To be completed by previous Service for a 12 month period	utility company		fromto
Please indicate the number of tir	nes, in the past 12 r	nonths, this customer	
<ul> <li>Was in 30 day arrears</li> </ul>			
• Was in 60 day arrears			
<ul> <li>Had a cheque returned !</li> </ul>	-		
Was disconnected for n	on-payment		
Comments:			
Completed by		De Mari	
Completed by :(Req	uired)	Position:	
Signature		_	Phone Number (Required)