

Expression Of Interest – Commercial Customer

Name of Customer		Date:
Type of Establishment (Tick The Correct Option)	Company/ Partnership/ Proprietorship/Cooperative Others (Pls specify): _____	
Type of Business (Tick The Correct Option)	Restaurant/ Hotel/ Food-court/Banquet Hall/Clinic Hospital/Office Canteen/Hostel/School/University Others (Pls specify): _____	
Address		
Customer Details		
LPG Usages (Kg/Day)		
Daily Working Hours per day		
Peak Consumption Hours per day		
Other Fuels if any		
Daily Fuel Consumption		
Meter outlet Pressure required (mbar)		
Maximum Meter outlet flow required (SCMH)		
Average Number of Working Days in Year		
REMARKS –		
Torrent Gas Representative		Customer's Representative
Name		Name
Designation		Designation
Sign		Sign
Date		Date
		Mobile Number
		Email