

## 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		
<b>Customer Details</b>		
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 Representative
Name		Name
Designation		Design
Sign		Sign
Date		Date
		Mobile Number
		Email