



Registration Form

Natural Gas Fixed Price Purchase Program

- Yes, I want to sign up today.
- Please, Send me more information on the program.

Name _____

Name of hotel _____

Telephone number _____

Fax number _____

Address _____

Annual consumption of gas
(Available on your Gaz Metro invoice) _____ m³

- I am already enrolled in a price program but would like more information.

My current contract expires on _____

To be able to give you better service, please fax us a copy of your last Gaz Metro bill.

**Fax to: René Natola
Responsible for hotel co-op structure.
514.695.2569**