

## **Fresh State LPG Gas Station Card**

## LOST, STOLEN, DAMAGED LPG CARD NOTIFICATION

Customer's Name:	
Address:	
Phone Number: Fax:	
Email:	
Gas Card Number:	
MMCS Registered User Number:	
Reason required for a replacement Fresh State Gas Card:	
□ Lost	
□ Stolen	
□ Damaged	
Signature of Principal or Director:	Date:
Name of Principal or Director (Please Print)	
A replacement card will be ordered upon receipt of this com	pleted form.

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