



# COMPRESSED GAS ASSOCIATION

14501 George Carter Way, Suite 103, Chantilly, VA 20151-17703  
(703) 788-2700 ■ Fax: (703) 961-1831 ■ Email: cga@cganet.com ■ Website: www.cganet.com

## SUBSCRIPTION LICENSE AGREEMENT

### COMPANY INFORMATION

Company: \_\_\_\_\_

Corporate Address: \_\_\_\_\_

City/State/ZIP Code/Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

WEBSITE: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Description of Business:** (Limit 500 characters including spaces—please attach sheet if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Year established: \_\_\_\_\_ Number of locations: \_\_\_\_\_ Number of employees: \_\_\_\_\_

### Contact Information

#### Official Representative/Renewal

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address (if different than corporate): \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

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#### # of Users/Licensees

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2	\$2,430
5	\$3,175
10	\$4,950
15	\$6,030
20	\$6,985

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14501 George Carter Way, Suite 103  
Chantilly, VA 20151-1770

In addition to the Official Representative, please register the following individuals. (Attach additional sheets as necessary.) A unique identifying e-mail address is required for each person. Duplicate e-mail addresses are not allowed. All persons must be employees of the licensee. Please print all information.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_ E-mail: \_\_\_\_\_

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Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_ E-mail: \_\_\_\_\_