



ONEOK ENERGY MARKETING

SPLIT BILL AUTHORIZATION Agricultural Choice Gas

I _____, authorize ONEOK Energy Marketing to have access to the following account, and to receive monthly bill information for the purpose of providing split bill statements to the names and addresses below:

Customer Number: _____

Account Name: _____

Mailing Address: _____

City / State / Zip: _____

Second Name: _____

Mailing Address: _____

City / State / Zip: _____

Third Name: _____

Mailing Address: _____

City / State / Zip: _____

	Example	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Account Name	%	%	%	%	%	%	%	%	%	%	%	%	%
Second Name	%	%	%	%	%	%	%	%	%	%	%	%	%
Third Name	%	%	%	%	%	%	%	%	%	%	%	%	%
Total	%	%	%	%	%	%	%	%	%	%	%	%	%

By signing up for split bill the above listed account is not eligible to be group billed.

Please complete and return in the envelope provided or fax to Carolyn Punches at 785-274-4911.

Signature (authorized signer on account)

Date

Phone Number

Cell Number