



GAS • OIL
SALES • SERVICE • INSTALLATION

APPLICATION FOR HEATING OIL CHARGE ACCOUNT

Billing Name: _____

Billing Address: _____
(No. & St.) (City) (State) (Zip)

Delivery Address: _____
(No. & St.) (City) (State) (Zip)

Own: Rents: Manages: Other: Explain: _____

Type of Bldg: _____ No of Families: _____

Product: _____ Owner or Agent's Phone: _____

Price: _____ Price Basis: _____

Tank Size: _____ V.A.: _____ Annual Gallonage: _____

Name of Person Placing Orders: _____

Position: _____ Phone No: _____

Special Delivery Instructions: _____

Owner, If Different than Above: _____

Name of Business Bank Ref: _____
(Bank) (No. & St.) (City) (State) (Zip)

Name of Business Ref: _____

Bank of Phone No: _____ Account No: _____

Name of Account that checks will be drawn on: _____

Show (3) Trade References, including previous fuel oil supplier: _____

1. _____
(Name) (Previous Supplier) (No. & St.) (City) (State) (Zip)

2. _____
(Name) (Previous Supplier) (No. & St.) (City) (State) (Zip)

3. _____
(Name) (Previous Supplier) (No. & St.) (City) (State) (Zip)

Mortgage Information: _____

Applicant's Trade or Corporate Name: _____

Authorized Signature: _____ Title: _____