

FUEL OIL & SERVICE ACCEPTANCE

NAME: _____ S.S.# _____

SPOUSE: _____ S.S.# _____

ADDRESS: _____ PHONE # _____

CITY: _____ STATE _____ ZIP CODE: _____

PREVIOUS ADDRESS: (IF AT CURRENT ADDRESS LESS THAN 2 YEARS).

_____ CITY: _____ STATE: _____ ZIP CODE: _____

EMPLOYER: _____ PHONE: _____ TITLE: _____

ADDRESS: _____ CITY: _____ STATE: _____ # OF YEARS: _____

EMERGENCY PHONE # _____ NAME: _____

PREVIOUS OIL CO.: _____ REASON FOR LEAVING: _____

OWN HOME: YES OR NO

*** IF RENTAL***

OWNERS NAME: _____ PHONE # _____

ADDRESS: _____ CITY: _____ STATE: ZIP CODE: _____

*** HEATING *** FUEL OIL *** CENTRAL AIR CONDITIONING ***

OUR FAMILY SERVING YOUR FAMILY SINCE 1922

FOR OFFICE USE ONLY

TANK SIZE: _____ CIRCLE: WATER STEAM WARM AIR (HEAT)

GALLONS IN TANK: _____ OIL GAS ELECTRIC (HOT WATER)

AUTOMATIC DELIVERY: YES OR NO TOTAL # OF OIL BURNERS: 1 2 3 4

TANK LOCATION: _____

SERVICE CONTRACT: YES OR NO NUMBER OF UNITS COVER BY CONTRACT: 1 2 3 4

CREDIT TERMS: C.O.D. REGULAR OTHER: _____

REMARKS: _____

*** CUSTOMER - PLEASE SIGN ON THE REVERSE SIDE ***