

FUEL OIL AND OIL BURNER SERVICE

STONY POINT
GOSHEN
WARWICK/PINE ISLAND
HIGHLAND FALLS

(845) 429-9120 (845) 294-8871

(845) 258-4046 (845) 446-2008

NEW ACCOUNT AND CREDIT APPLICATION																		
YOUR NAME	LAST		FIRST			MIDDLE	☐ JR ☐ SR	номе	PHONE									Part 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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SPOUSES NAME												- [-	Ī		<u> </u>
PREVIOUS ADDRESS		STATE ZIP						FAX No.										
CELL PHONE	ELL PHONE NUMBER E-MAIL ADDRESS																	
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your Employer	NAME OF COMPANY	VAME OF COMPANY					STREET			СІТҮ					STATE	ZIP		
YOUR BUSINE	ESS PHONE		SAL	ARY PER I	MONTH	POSITION									YEARS THERE	I	FULL T	
SPOUSE'S EMPLOYER	NAME OF COMPANY					STREET	CITY STA*					STATE		ZIP		FULLT	IME	
CREDIT REFERENCES																		
BANK REFE	ERENCES CHECKING ACCOUNT						SAVINGS ACCOUNT LOAN BALANCE											
2																		
CREDIT CAP	RDS	EXPIRATION DATE				ACCOUNT No.						· · · · · · · · · · · · · · · · · · ·						
2	EXPIRATION								ACCC	DUNT No.	•				· · · · · · · · · · · · · · · · · · ·			
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TANK SIZE	LOCATION				NS IN TANK OX.) (IF KNO				DO YOU HAVE A SEPARATE HOT WATER HEATER					AUTO			Will	
DIRECTIONS /	HOUSE DESCRIPTION / SP	ECIAL INSTRUCTION					O STEAM S	SYSTEM		D YES	S ON	0		Di	ELIVERY	<u></u>	CALL	
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<i>r</i> elivery w	re shall receive per	ROLEUM CO. to make fiodic fuel deliveries on a	uel oil deli n automat	veries ic basi	on an 🗇 s provide	Automated there is	ic Delive	e ry, 🗇 due ba	Will (Call Ba	asis.	l (W	e) un	thud	and that	with '	'Autor	matic
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The Account will be paid on accordance with the following terms:

1. I will have the option of paying my account in full within thirty (30) days of the billing date without paying finance charges.

2. A FINANCE CHARGE is computed by a "periodic rate" of 1.5% per month on amounts outstanding more than thirty (30) days which is an annual percentage rate of 18%.

3. A collection fee representing 1/3 of the outstanding balance will be added if the account is referred to an attorney for collection. **NOTICE TO BUYER SECTION**

NOTICE:

- 1. DO NOT SIGN THIS CREDIT AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACE. 2. YOU ARE ENTITLED TO A COMPLETELY FILLED IN COPY OF THIS AGREEMENT.
- 3. YOU MAY AT ANY TIME PAY ANY PART OR ALL OF YOUR INDEBTEDNESS UNDER THE AGREEMENT.

I HEREBY AUTHORIZE YOU OR ANY CREDIT REPORTING
AGENCY EMPLOYED BY YOU TO INVESTIGATE THE
REFERENCE HEREIN LISTED OR ANY OF THE OTHER
INFORMATION STATED ABOVE TO DETERMINE MY
QUALIFICATIONS FOR A CREDIT ACCOUNT.
X
CUSTOMERS SIGNATURE DATE

				EXP.	DATE		_,_	****	
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FOR OFFICE USE ONLY: CREDIT APPROVED CREDIT LIMIT				ØYES	DΝO	7.0		HA-25-10/-L	
TERMS:	AUTHORIZ	ZED BY:		G C0D	□BF	CJ 90 DA	\Y		

I AUTHORIZE YOU TO CHARGE MY CREDIT CARD.