

Date _____ Home Phone _____

Name _____

Delivery Address _____ Zip _____

Mailing Address _____ Zip _____

Years There _____ Soc. Sec. # _____

OWN RENT Landlord Name _____ Phone _____

Employed By _____ How Long _____

Employers' Address _____ Business Tel _____

Previous Oil Supplier _____

If Joint Account -- Please Fill In The Following

Name _____ Soc. Sec. # _____

Employer _____ Bus. Tel. _____

Delivery Information

Automatic Delivery Yes _____ No _____ How Much Oil In Tank _____

Hot Water Off Heating System Yes _____ No _____

Fuel Type #2 Fuel _____ Certified K-1 _____ Biofuel _____ Diesel Fuel _____ Propane _____

Oil Tank Size (Gallons) 275 330 550 Other

Fill Pipe Location (Facing House) Right Left Front Rear

House Description: Style _____ Color _____

Other Info _____

Terms: Net 15 Days. Accounts past due will incur a delinquency charge of 1.5% per month (18% annually) or termination of delivery.

I realize that Giroux Energy may verify my credit record, employment and income references during it's regular investigation procedure and authorize same by completing and signing this application. I have read the above and acknowledge these to be Giroux Energy policies.

Customer Signature _____ Date _____

Joint Applicant _____ Date _____

cc _____

Authorized By _____ Date _____