

NEW CUSTOMER INFORMATION

NEW ACCT# _____

Senior Citizen (Over 60) two cent disc? Y or N

Commercial Tax ID # _____

Business Tax Exempt Certificate to send us? Y or N

Would you like your statements emailed? Y or N

Would you like auto EFT drafts monthly? (15th) Y or N

ROUTING _____ ACCT# _____

Would you like auto Credit Card payments monthly? (by the 5th) Y or N

OFFICE USE	
CSR INITIALS: _____	DATE: _____
OTHER ACCT AT ADDRS: _____	
TAG / SERIAL #'s _____	
KEY OFF ACCOUNT IF BUSINESS: Y or N	
CREDIT APPLICATION SENT: Y or N	

BILL TO: Please "*" primary contact phone number

Name: _____ Home: _____

Mailing Address: _____ Cell: _____

Work: _____

**Is this a TAXABLE Location? N or Y E-Mail: _____

(Garage, Shop, Pool, Business)

Do you Own or Rent: _____

Is the home Vacant in the Winter? N or Y Name of Owner/Past Tenant: _____

DELIVERY ADDRESS IF DIFFERENT FROM ABOVE:

Address: _____

Delivery Directions (Use crossroads, house description, # on mailbox, etc)

LOCATION INFORMATION:

A. Fill Pipe/Propane Tank Location: _____ B. Color of Home: _____
(Ex: left side, front, rear of house, etc.) (Ex: White with green shutters)

C. Tank Size(s): _____ Vertical (↑): _____ Horizontal (→): _____

D. Heat Type: Hot Air _____ Boiler _____ Rinnai _____ Other _____

E. Propane Appliances: Cook Stove _____ Fire Place _____ Generator _____ Hot Water Heater _____
Grill _____ Other _____

F. Types of Fuel used at location: #2 _____ K-1 _____ Propane _____ Nat Gas _____
Wood _____ Pellets _____ Diesel _____ Gasoline _____ Electric Heat _____

FUEL DELIVERY OPTIONS:

(Automatic customers must complete a credit application and be approved for Auto Delivery.)

A. Oil or K1 - Do you want Automatic delivery?: _____

B. Propane - Do you want Automatic delivery?: _____

C. Do you want to let us know when you need a delivery?(Oil, K1 or LP): _____

(This requires you to watch your tank level and notify us in advance if you need a delivery)

Current Level of Fuel: Oil _____ Propane % _____