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**NEW CUSTOMER APPLICATION**

Account #: \_\_\_\_\_

Date: \_\_\_\_\_

Senior Citizen (over 60)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Email Billing	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Name:	Primary Phone:	Secondary Phone:	Email:
Billing Address:	Town:	State:	Postal/Zip:
Delivery Address:	Town:	State:	Postal/Zip:

Delivery Instructions:   Color of Home:	Do you Own or Rent?	Own <input type="checkbox"/>	Rent <input type="checkbox"/>
	Is this a taxable location? (garage, shop, pool, business)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Is the home vacant in winter?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Is this a commercial acct?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Fill Location:

Tank Size:

Heat type:	Hot Air <input type="checkbox"/>	Boiler w/ H2O <input type="checkbox"/>	Boiler w/o H2O <input type="checkbox"/>	Rinnai <input type="checkbox"/>	Separate H2O <input type="checkbox"/>	Other
Propane Appliances:	CSTV <input type="checkbox"/>	FPlace <input type="checkbox"/>	Gen <input type="checkbox"/>	H2O Htr <input type="checkbox"/>	Grill <input type="checkbox"/>	Other
Types of Fuel Used:	#2 Oil <input type="checkbox"/>	K1 <input type="checkbox"/>	Propane <input type="checkbox"/>	Nat Gas <input type="checkbox"/>	Wood/ Pellets <input type="checkbox"/>	Other

Delivery Options: Will call  Automatic   
 Date of 1st delivery \_\_\_\_\_ or Will call for 1st delivery \_\_\_\_\_  
 Current fuel level: Oil \_\_\_\_\_ Propane% \_\_\_\_\_

OFFICE USE:	SNOW DROP Y <input type="checkbox"/> N <input type="checkbox"/>	ZONE _____	PRICE LEVEL _____
CSR INTIALS _____	OTHER ACCT@ ADDRESS _____	KEYOFF ACCT Y <input type="checkbox"/> N <input type="checkbox"/>	TAG/SERIAL _____