

NEW ACCOUNT INFORMATION & AGREEMENT – RESIDENTIAL

ACCT. #	<input type="text"/>
CC _____	CR. LMT. _____
APP. _____	BY DATE _____

HOW DID YOU HEAR ABOUT GARY'S FUEL SERVICE? TV NEWSPAPER DIRECT MAIL RADIO YELLOW PAGES REFERRAL OTHER

APPLICANT

Full Name		Social Security #	Birthdate	Telephone	
Mailing Address Street, RFD, Box #		Town	State	Zip	How Long?
Email Address		Cell Phone	Credit Card No.		
Current Employer	Address		Telephone	How Long?	
Name and Address of nearest relative not living with you			Telephone	Relationship	
Own or Buying Home <input type="checkbox"/> Renting <input type="checkbox"/>	Name and Address of Landlord or Mortgage Bank			Monthly Payment	

CO-APPLICANT

Full Name		Social Security #	Birthdate	Telephone	
Current Employer	Address		Telephone	How Long?	

PRODUCT & SERVICE INFORMATION

Previous Fuel Supplier	Address	Account #	Type of Account
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DELIVERY ADDRESS/DIRECTIONS

PRODUCTS REQUIRED	<input type="checkbox"/> FUEL OIL	<input type="checkbox"/> KEROSENE	<input type="checkbox"/> WINTER BLEND	<input type="checkbox"/> DIESEL FUEL	<input type="checkbox"/> PROPANE	Hot Water <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other	Delivery Category <input type="checkbox"/> Automatic Fill <input type="checkbox"/> Timed Route <input type="checkbox"/> Other
ANNUAL USAGE	gals.	gals.	gals.	gals.	gals.		
Fuel Tank(s) # _____	Inside <input type="checkbox"/> Outside <input type="checkbox"/> Underground <input type="checkbox"/>	Tank Guard Yes <input type="checkbox"/> Protection Plan No <input type="checkbox"/>	HEATING SYSTEM WA <input type="checkbox"/> HW <input type="checkbox"/> Other _____	Furnace Mfg. _____ Burner Mfg. _____	Propane Tank Size 24 <input type="checkbox"/> 100 <input type="checkbox"/> 48 <input type="checkbox"/> Other <input type="checkbox"/> 50 <input type="checkbox"/>	Type of Service Stove <input type="checkbox"/> Stove/Hot Water <input type="checkbox"/> Space Heating <input type="checkbox"/> Central Heating <input type="checkbox"/>	

TERMS

Type of Account Requested

7 day Cash Net 10 Days (Load to Load) Budget Budget EFT C.O.D.

AGREEMENT – PLEASE READ BEFORE SIGNING

Notice: Consumer reports (credit reports) may be obtained in connection with this application. If you request, 1) You will be informed whether or not consumer reports were obtained; and 2) If reports were obtained, you will be informed of the names and address of the consumer reporting agencies (credit bureau) that furnished the reports.

I (We) hereby agree to comply with the terms and conditions of the account established and to pay a late charge on any balance past due thirty (30) days or more at a periodic rate of 1.5% per month. It is agreed that if payment is not received when due and if the account is placed with an attorney, or certified collection agency for collection that the undersigned will pay to you all costs of collection, including reasonable attorney and/or collection agency fees, or any other amount which a court having jurisdiction shall determine to be just and reasonable, which shall be immediately added to the amount due. I (we) understand and agree that anytime my (our) account is past due, credit terms and automatic deliveries may be suspended without further notice.

"To the Co-Applicant: By signing this agreement you, as a co-applicant, assume personal liability for any debt incurred by the applicant under this application. In the event the applicant does not pay its obligations under this application, Gary's Fuel Service can take legal action against you even though you have not received any benefit in connection with this transaction."

"You (the applicant and co-applicant) are entitled to a copy of this agreement."

Applicant's Signature

Date

Co-applicant's Signature

Date