

DISCOUNT OIL

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APPLICATION AND PAYMENT AGREEMENT TO PURCHASE FUEL OIL THROUGH TEMPERATURE CONTROL DELIVERIES

Name: _____ Spouse _____

Address: _____ City, _____ State, _____ Zip: _____

Phone: _____ Mobile or Alternate phone: _____

E-mail Address: _____ E-mail Invoices & Statements? () Yes () No

Social Security #: _____ Drivers License #: _____

How long at present address? _____ Yrs. () Own () Rent

Previous fuel supplier: _____

Heat hot water with oil? () Yes () No Oil Tank Size: _____ Currant gal. in tank _____

Mortgage Holder or Landlord: _____

Previous Address if less than 1 year: _____

Employer & Occupation: _____ Phone#: _____

Address: _____

Spouse Employer & Occupation: _____ Phone#: _____

Address: _____

Nearest relative & relationship (other than spouse): _____

Address: _____ Phone#: _____

Select payment method: () credit card after delivery () mail in check (within 10 days of delivery)

If paying by card please contact office to make sure we have the correct card on file.

DATE: _____ Signature _____

**** PAYMENT FOR PREVIOUS DELIVERY IS REQUIRED BEFORE ANOTHER
DELIVERY CAN OCCUR**

*This application must be returned to our office with an original signature before approval, no faxed copies
Customer will be responsible for any legal or collection fees incurred due to settling delinquent accounts