

Chair City Oil and Heating - 525 Main Street - Gardner, MA 01440
(978) 632-4600 www.ccoil.com email: webrequest@ccoil.com

CUSTOMER ACCOUNT INFORMATION

BILLING NAME AND ADDRESS: PLEASE PRINT OR TYPE

NAME _____ SS# _____

MAIL ADDRESS _____ CITY _____ STATE _____

YEARS/MONTHS AT THIS ADDRESS _____ DO YOU OWN OR RENT? (CIRCLE)

PHONE _____ EMAIL _____

DELIVERY ADDRESS _____ CITY _____

EMPLOYER _____ WORK PHONE _____

PREVIOUS EMPLOYER IF LESS THAN 1 YEAR _____ PHONE _____

PREVIOUS FUEL SUPPLIER _____

CITY _____ STATE _____ PHONE _____

WHICH BANK DO YOU HAVE YOUR MORTGAGE WITH? _____

WHICH BANK DO YOU HAVE YOUR SAVINGS WITH? _____

HOW DID YOU HEAR ABOUT US? _____

JOINT APPLICATION NAME _____ SS# _____

EMPLOYER _____ PHONE _____

FRIEND/RELATIVE NOT LIVING WITH YOU _____ PHONE _____

If approved, would you like to be on Automatic Delivery YES or NO (circle)

Applicant(s) consents to a credit check based upon the information provided on this application for the purpose of extending credit. Any balance remaining unpaid thirty (30) days after billing date is subject to a finance charge at a periodic rate of 1 1/2% per month. (annual percentage rate 18%). If legal proceedings become necessary to enforce collection, the applicant agrees to pay all reasonable collection and attorney fees.

APPLICANT #1 _____ DATE _____

APPLICANT #2 _____ DATE _____

THIS FORM MUST BE FILLED OUT AND RETURNED TO APPLY FOR CREDIT
Form may be mailed, emailed, or drop off at office. After hours you may drop off in mail slot at office door.