



HOME HEATING OIL ACCOUNT APPLICATION

Please return to:
500 Kentucky St, Bellingham WA 98225
sdavis@reisnerdistributor.com
Ph: 360.734.6800 Fx: 360.734.6640

Check Appropriate Boxes and Provide All Information Requested

APPLICANT INFORMATION

Name: Soc Sec Number (last 4):
Street Address: City: State: Zip:
Billing Address: City: State: Zip:
Phone: Cell Ph#: How long at present address: own rent
If renting - Landlord Name: Phone#
Previous Address: City: State: Zip:
Date of Birth: Driver's license number: Issuing State:
Employer: Position: Yrs employed:
Spouse Name: Cell Ph#: Soc Sec Number (last 4):
Date of Birth: Driver's license number: Issuing State:
Employer: Position: Yrs employed:

BANK / TRADE or CREDIT REFERENCES

Credit Reference Phone
Credit Reference Phone
Bank Name/Branch Acct # Checking/ Savings
Bank Name/Branch Acct # Checking/ Savings

ACCOUNT INFORMATION

If different than Street Address above):
Delivery Address: City:
Service Requested: Automatic Keep-full Calendar, Every Days Will Call
Product: Furnace Oil #2 Stove Oil #1 Tank Size: gals. Tank Location:
Helpful Delivery Directions / Instructions:

Account Terms:

I will pay the new balance shown on my monthly billing statement in full by the 10th day of the month.
I agree to pay 1.5% service charge on any invoice aged thirty days and over, as well as all collection costs, including reasonable attorney's fees and court costs in the event that collection efforts become necessary.

Invoice / Payment Options:

Please send invoices via (choose one): E-mail Fax Mail to:
I will pay via: Cash/Check EFT (EFT Authorization form required) Credit Card (fees apply)

PERSONAL CREDIT AGREEMENT AND GUARANTY:

I HAVE MADE THE ABOVE STATEMENTS FOR THE PURPOSE OF OBTAINING CREDIT. I CERTIFY THEY ARE TRUE AND AUTHORIZE YOU TO MAKE A CREDIT INVESTIGATION. I HAVE READ, UNDERSTAND AND AGREE TO THE ACCOUNT TERMS ABOVE.

SIGNED: DATE:
SIGNED: DATE: