

PARSIPPANY FUEL OIL, INC.

80 Mazdabrook Road
Parsippany, NJ 07054
335-9500



FAMILY OWNED AND OPERATED SINCE 1946

Automatic Delivery Application

(Complete this form entirely)

Name _____ Spouse _____		Social Security No. _____		Social Security No. _____	
Billing Address _____			City _____	State _____	Zip Code _____
Delivery Address _____			City _____	State _____	Zip Code _____
Home Phone _____		Work Phone _____		Cell Phone _____	
Please Circle: (if renting, tenant deposit required) Own or Rent		If Renting, How Long Years Months		Landlord Name _____	
				Landlord Phone _____	
Employer Name _____			Employer Phone _____	Position _____	How Long? _____
Employer Address _____			City _____	State _____	Zip Code _____

Debit Card Credit Card

PAYMENT METHOD

Visa MasterCard Discover

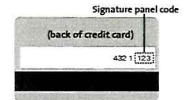
American Express

Other _____

Card Number _____

Exp. Date _____

Signature Panel Code (3 digit #) _____



Tank Information

What size tank do you have? 275 gallon 330 gallon 550 gallon 1000 gallon Other

Tank Information Above Ground Under Ground

Where is your Oil fill pipe located? back left back center back right
 left right
(Use Diagram)



front left front center front right

Oil Used For: Heat Hot Water

How much oil is in the tank now? _____

When will you be needing the first delivery? _____

Please provide any delivery instructions / special requirements. _____

How did you hear about us? _____

Yearly Consumption Of Oil _____

Delivery and Payment Authorization Agreement

***This agreement will be renewed automatically each calendar year. If, you move, sell or for any other reason wish to terminate services, cancellation must be in writing and will become effective upon our receipt of the notice. Any remaining balance owed to PARSIPPANY FUEL OIL, INC. will be due immediately.**

*Applicant, upon signing this agreement, you grant Parsippany Fuel Oil permission to enter upon your premises to automatically fill your oil tank(s) and to charge the credit account specified on this application for the product delivered.

*Your delivery ticket is your invoice and your balance is due and payable immediately upon receipt. For your convenience, your credit, debit or checking account will automatically be charged following your delivery. In the event that you fail to pay your balance in full within ten (15) days from the date of your delivery, you will be charged a FINANCE CHARGE EQUAL TO 1½% MONTHLY on the unpaid balance. THE ANNUAL PERCENTAGE RATE IS 18%. If it is necessary for Parsippany Fuel Oil to hire an attorney or collection agency to collect the amount due from you, you agree to pay Parsippany Fuel Oil reasonable attorney and/or collection agency fees. You agree to reimburse us the fees of any collection agency, which may be based on a percentage at a maximum of 33% of the debt, and all costs and expenses, including reasonable attorney's fees we incur in such collection efforts.

*Everything I have stated in this application is correct and to the best of my knowledge.

*I hereby authorize Parsippany Fuel Oil to check my credit and employment history.

NOTICE: 1) The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applications on the basis of sex or marital status. The Federal agency that administers compliance with this agreement concerning this creditor is The Equal Credit Opportunity, Federal Trade Commissions, Washington, D.C. 20580

2) You are entitled to a copy of this agreement the information regarding your rights to dispute billing errors.

3) Do not sign before completing the application and reading the entire Authorization Agreement.

Applicant Signature: _____ Date _____

Company Rep: _____ Date _____