



P.O. Box 656, Pittsfield, VT 05762

802-746-8018 | 1-800-281-8018

### APPLICATION FOR SERVICE

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E911 Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Statements will be emailed to all customers. Please check box to **OPT OUT** of e-statements.

Place of Employment \_\_\_\_\_

Do you own or rent? \_\_\_\_\_ Previous Homeowner if New Property? \_\_\_\_\_

If this is a rental, please provide lease dates: \_\_\_\_\_

Product(s) Requesting: (Circle Applicable Product)      LP Gas      #2 Heating Oil      Kerosene

Tank Size \_\_\_\_\_ If LP Gas, Who Owns LP Tank? \_\_\_\_\_

If tank is customer owned, please provide proof of ownership or signed document from previous propane supplier.

Reason for changing from previous provider \_\_\_\_\_

Approx. Annual Usage \_\_\_\_\_ gallons    Propane Equipment/Appliances \_\_\_\_\_

Do you have alternate heat? (Wood, Pellets, Heat Pumps, etc.) \_\_\_\_\_

\*If yes, please contact the office if you stop or reduce the usage of alternate heat sources so we can account for the change in fuel usage.

3 References are Required. One must be current fuel/LP provider if changing companies.

Business Name	Address	Phone/Email
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

- All accounts are required to have a payment method on file for security purposes. C.V. Oil Co LLC. reserves the right to charge the payment method on file for any outstanding balances over 30 days.
- All accounts with balances 30 days or over will automatically be removed from Automatic Delivery.
- All accounts not paid within their specified credit terms are subject to an 18% annual finance charge (rate subject to change without notice)



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- All authorized individuals on this application remain authorized unless we are notified in writing by either Certified Mail or Return Receipt. If the application is filed jointly, **both** parties agree to equal responsibility for all costs incurred.
- Any change in delivery status must be submitted in writing.
- If your account is submitted for collection, by signing this credit application, you acknowledge you are responsible individually for all charges, all collection costs, costs by statute and attorney's fees.
- Cash in advance and Will Call customers may be asked to allow 5 business days for deliveries or service requests.
- Checks returned to us by the bank will result in a charge of \$45.00 for the first attempt at re-depositing and \$50.00 for the second attempt. If a check cannot be cleared, prosecution will be initiated. The Return Check Fee is subject to change without notice.
- C.V. Oil Co. Inc does not assume any liability for product run outs or freeze-ups.
- Customers who are not full-time residents are responsible for having someone check their property daily during winter months.
- Customers may be required to have a tank monitor installed with a monthly fee.
- Customers are responsible for keeping tanks accessible in order to make timely deliveries. (Driveways need to be maintained - plowed and sanded, domes and fills need to be clear of snow and a clear path to the tank maintained.)
- Customers must agree to a property inspection. This includes oil tank inspections and LP gas inspections with
  - additional fees.
  - Customers with CV Oil owned propane tanks may be subject to an annual tank fee.
  - Customers with generators may be required to have a tank monitor rental fee.

We certify that all the above information is correct. We fully understand the company's credit terms and agree to the proper payment in consideration of extended credit. We authorize the release of credit information from our references listed above to C.V. Oil Company, Inc.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

E-Checking Security Payment Info

Bank Name \_\_\_\_\_

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

Credit Card Security Payment Info

Name on Card \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Zip Code \_\_\_\_\_

\*\* Please call the office to provide the required payment information for security purposes if not comfortable entering on application form. \*\*