

Carroll County Oil Co.
PO Box 536 Center Ossipee, NH. 03814
1605 Route 16 Center Ossipee, NH. 03814
Ph: (603)539-8332 Fax (603)539-4187
E-mail: ccoil_1@yahoo.com

Thank you for your interest in Carroll County Oil.

**Please print this page, fill out the application and mail it to us.
Or bring it in to our office.**

NAME(S): _____

STREET: _____

TOWN: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

SENIOR DISCOUNT (55 OR OLDER) YES ___ NO ___ DOB _____ (Required)

BILLING ADDRESS: (IF DIFFERENT FROM ABOVE)

STREET (PO BOX): _____

TOWN: _____ STATE: _____ ZIP: _____

RESIDENCE TYPE: OWN ___ RENT ___

LANDLORD NAME & NUMBER _____

EMPLOYER'S INFORMATION:

NAME _____ ADDRESS: _____ PH: _____

FUEL TYPE #2 _____

KEROSENE _____

MIX/BLEND _____

MONITOR HEATER _____ (Yes or No)

****PLEASE NOTE, THAT ALL OUTSIDE TANKS MUST HAVE LINES AND FILTER PROTECTED
FROM
POSSIBLE DAMAGE****

TANK CAPACITY _____ UNDERGROUND TANK? _____ FILL

LOCATION _____

FUEL USAGE:

HEAT _____

WATER _____

BOTH _____

PREVIOUS PRODUCT SUPPLIER _____ TOWN _____

PLEASE LET US KNOW HOW MUCH FUEL IS CURRENTLY IN YOUR

TANK _____ GALLONS WOULD YOU LIKE A DELIVERY

ON YOUR NEXT DELIVERY DAY? _____

IF YES, WOULD YOU LIKE A FILL OR JUST A MINIMUM DELIVERY OF 100 GALLONS?

WOULD YOU LIKE FOR US TO E-MAIL YOUR STATEMENT? YES _____

PLEASE PROVIDE YOUR E-MAIL ADDRESS _____

I understand that payment is due in full on or before my 1st delivery. Please Initial _____

AUTOMATIC (REQUIRES CREDIT/DEBIT CARD BACKUP) _____ WILL CALL _____

MC/VISA/DISCOVER - ACCT # _____ EXP ____/____

CVC CODE (FROM BACK OF CARD) _____

WOULD YOU LIKE YOUR CREDIT CARD CHARGED FOR EACH DELIVERY? YES ____ NO ____

I HEREBY CERTIFY THE ABOVE INFORMATION TO BE TRUE AND COMPLETE. BY SIGNING THIS, I AGREE TO CARROLL COUNTY OIL'S TERMS.

I UNDERSTAND A FINANCE CHARGE OF 18% ANNUAL RATE WILL BE APPLIED TO ALL UNPAID BALANCE AFTER 30 DAYS.

I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ALL COLLECTION FEES INCURRED FOR OUTSTANDING BALANCES.

I UNDERSTAND THERE WILL BE A \$30 CHARGE FOR ANY CHECKS RETURNED FOR INSUFFICIENT FUNDS.

SIGNATURE: _____

*****DIRECTIONS*****

**PLEASE GIVE DETAILED DIRECTIONS TO YOUR HOUSE.
DO NOT DRAW A MAP.**
