

24 HOUR SERVICE • HEATING AND AIR CONDITIONING
945 EAST STREET • E. MANSFIELD, MA 02048 PHONE: 1-508-339-4473

Credit Account -- Agreement -&- Account Information

Office Use Only: ---Acct. #: _____ Accepted: _____ Date: _____

Name: _____ Date: _____

Delivery Address: _____ City/State/Zip: _____

Billing Address (if different from above):

_____ City/State/Zip: _____

Phone (H): _____ (C): _____ (W) _____

Email: _____

Nearest cross street: _____

Type of heat used: #2 Oil _____ A/C _____ Both: _____ Heat: _____ Hot Water: _____

No. of Tanks: _____ Size: _____ Gals Location of tank: _____

Age of Tank: _____ Yrs. _____ Months

Estimated Amount of Oil in tank (at the present time) _____ gals.

Account Type:

- _____ - WILL CALL (Customer will call when delivery is needed.
(Emergency fee &/or prime fee may apply)
- _____ - AUTOMATIC DELIVERY (Full tank of oil will be delivered automatically. Customer agrees to send payment within 20 days of delivery. A credit card on file will be charged in the event balance is not fully paid within 20 days. Will not be charged emergency fee if run out of oil & my account is up-to-date. Automatic Delivery must also complete the Credit Authorization Form.)

Service(s) Requested (please check whichever option suits your needs):

- _____ Customer wants to schedule a fuel delivery: _____ fill or _____ gals.
(150 gal. minimum required - if 100 gal. a processing fee will be charged)
- _____ Customer will receive a call/email with an appointment for annual tune - up.
- _____ Customer will receive a call/email with an appointment for service on equipment.

Any current issues known: _____

Payment Arrangement:

- _____ Pays at time of delivery/service (cash or check) or
- _____ Agrees for credit card on file to be charged for delivery/service

Credit Card Authorization Form must be completed & returned before delivery or service.

Customer Signature: _____ Date: _____

Please Print Name: _____