



Port Williams Phone: 542-3835 Fax: 542-1340
Windsor Phone: 798-1118 Fax: 798-0126

Home Heating Fuel Account Application

Account Name(s): _____
(Please Print)

Date of Birth: ____ / ____ / ____ SIN Number (optional): _____
DD MM YY

Mailing Address: _____

Town/Pro: _____ Postal Code: _____

Delivery Address: _____ Town: _____

How long have you lived there? _____ Do you: OWN or
 RENT (co-signer is required)

Phone Numbers: Home: _____ Work: _____ Cell: _____

E-mail address (optional): _____ Fax: (optional): _____

Prior address (if less than 2 years) _____

Current Employer: _____ Years of Service: _____

Current Bank: _____ Branch Location: _____ Type of Account: _____



AUTOMATIC DELIVERY IS ASSUMED UNLESS SPECIFIED

PLEASE READ CAREFULLY: I hereby apply for an Oulton Fuels Limited (hereinafter called Oulton's) credit account and provide this form to allow for my credit worthiness to be verified and document the terms of my account. I hereby permit Oulton's to obtain reports concerning my credit worthiness including the receipt and exchange of credit information. Should this account application be approved by Oulton's, I hereby agree to be personally liable for **ALL** indebtedness incurred, including but not limited to indebtedness incurred by myself or any other entity. I hereby agree to pay all outstanding balances within a net thirty day term, acknowledge the standard household credit limit of \$300.00, and to assume financial responsibility for any expense on my credit account if I fail to provide, to Oulton's, written notice for the cancellation of automatic delivery or the cancellation of my credit account. If this agreement is breached, I hereby agree Oulton's shall have the right to stop deliveries, cancel the account, or take any other action and I further agree Oulton's shall not be liable for any damages resulting from such action including but not limited to an inoperative heating system caused by any means whatsoever such as oil run out. I further agree it is my responsibility to ensure my oil tank(s) are maintained as required at law. Oulton's reserves the right to accept or reject an account as well as revoke an existing account or delivery should the terms of this agreement not be met. I agree with Oulton's, that fuel-liter consumption is not personal information. I hereby authorize Oulton's to commence automatic delivery of fuel; however time of delivery shall be at Oulton's option.

I have read and understand all of the above and agree.

Signature

Date

Dependable People. Dependable Service.

Heat source(s): FORCED AIR HOT WATER OIL FIRED HOT WATER HEATER OIL/WOOD COMBO
 WOOD STOVE OIL STOVE MINI-HOME FURNACE
 OTHER HEAT SOURCE? please specify: _____

Do you burn: FURNACE OIL or FURNACE OIL LIGHT (MOBILE HOME OR STOVE) Initials: _____

Current oil level: _____ Estimated annual consumption: _____

Is your tank: INSIDE or OUTSIDE Tank size: _____ Tank Type: _____

When will you require your first delivery? _____ How much? _____

A WORD ON HEATING SERVICE

At Oulton's we believe in regular service done at a reasonable time and a reasonable price. Heating systems, in our opinion, need regular maintenance approximately every 3000 to 4000 liters. As it happens, this works out to a yearly average. A properly tuned furnace will give the very best efficiency.

Will you require service? YES NO What kind of service do you want? CLEANING QUOTE NEW EQUIPMENT

Would you like more information on: THE FURNACE PROTECTION PLAN
 THE BUDGET PLAN (Begins each September)

How did you hear about Oultons? Referral Phonebook TV Radio Other _____

MINIMUM ORDERS

Weekdays until 5:00 p.m.:
\$300.00

After 5:00 p.m., Weekends & Holidays:
450 Liters + \$35.00 Delivery Charge + Tax

Questions, Comments, Concerns? Contact Us!

Monday to Friday from 8:00 a.m. to 5:00 p.m.

Phone: 798-1118 or 542-3835

Email: info@oultonfuels.ns.ca

Fax: 798-0126 or 542-1340

OFFICE USE ONLY

AUTO..... YES NO
SERVICE..... YES NO
REGION..... 1 2
ZONE..... A B C
TYPE..... F/O FFOL
SPAN..... 7 14 28 OTHER _____
TANK CHECK... YES NO

APPROVED BY: _____

DATE: _____

ACCT #: _____

POSTED: _____

PST REBATE: _____

PRINTED REBATE CONFIRMATION: YES NO