

INTER CITY OIL

FUEL OIL ACCOUNT CREDIT APPLICATION

PO Box 3048 • Duluth MN 55803 • (218)728-3641

APPLICANT NAME _____ Date of Birth _____

* A Social Security Number is Required to Obtain Your Credit Report: SSN #: _____

FUEL OIL DELIVERY ADDRESS _____

CITY _____ STATE _____ ZIP _____

BILLING ADDRESS (*IF DIFFERENT THAN DELIVERY ADDRESS ABOVE): _____

HOW LONG AT THIS ADDRESS: _____ FORMER ADDRESS: _____

IF RENTING, LANDLORD NAME & ADDRESS _____ LANDLORD PHONE _____

BEST WAY TO CONTACT YOU: CELL _____ PHONE/DAY _____ EVENING _____

EMPLOYER, NAME & ADDRESS _____ POSITION HELD _____

SPOUSE/CO-APPLICANT NAME _____ PHONE _____ SSN# _____

SPOUSE/CO-APPLICANT EMPLOYER/ADDRESS _____ POSITION HELD _____

IN THE EVENT OF AN EMERGENCY PLEASE CONTACT: _____ PHONE _____

SERVICE: ___KEEP-FILL (Automatic Delivery Time Is Computed) ___CALL-IN (Customer must call ico when delivery needed)

CHOOSE PAYMENT METHOD: ___NET 30-Day ___ACH ___MAJOR CREDIT CARD *A 3% Processing Fee Will Be Added ___COD

___BUDGET (*Must be on "Keep-Fill", budget payment determined by multiple factors including last year's fuel consumption)

FUEL TYPE: #1 _____ #2 _____ *PLEASE LIST THE GALLON-SIZE OF YOUR FUEL OIL TANK: _____

BRAND NAME OF FURNACE _____ APP AGE OF FURNACE _____ Please check one: () Forced Air () Boiler

FORMER HEATING OIL COMPANY: _____

*If known, please list date of last oil delivery: _____ Your previous year's oil consumption, total gallons: _____

*If known, please list date of last furnace cleaning /service: _____

PLEASE CHECK IF YOU HAVE: ___Oil Hot Water Heater *Check if you have another heat source: ___Wood ___Other/List: _____

*REQUIRED INFORMATION IF, ON "KEEP FILL": Square Footage of Residence: _____ Number of Rooms Heated _____

DELIVERY INSTRUCTIONS: As the driver faces your residence, where is the fill pipe? ___ Left ___ Right ___ Front ___ Back _____

BANK REFERENCE: Contact Person: _____ Phone _____ Email: _____

NAME OF BANK, Branch, City, State: _____

TYPE OF BANK ACCOUNT(S): ___Checking ___Savings ___Other

SIGNATURE(S)/DATE _____

APPLICANT SIGNATURE

DATE

CO-APPLICANT SIGNATURE

DATE

APPLICANT PRINT NAME

CO-APPLICANT PRINT NAME

STATEMENT OF UNDERSTANDING:

By my/our signature(s) above, it is understood that all transactions are due upon receipt of statement. Any amounts not paid timely will be subject to finance charges of 1.5 percent per month, 18%annum (min .50 per month). The above information is required for the purpose of establishing credit from Inter City Oil Co., Inc. You authorize Inter City Oil to obtain your credit report and other information deemed necessary to establish or deny credit from ico. This authorization is valid throughout the term and for entire period of credit issuance and for a period of six months thereafter.