

J. P. Carroll Fuel Company

NEW CUSTOMER ACCOUNT INFORMATION FORM

Account #'s: _____ **Initials:** _____

Name: _____ **Date:** _____

Mailing Address: _____

Delivery Address: _____

Telephone#: _____ (home) _____ (work)

Product(s): NO 2 K-1 BLEND OFF-RD DIESEL ON-RD DIESEL

Type System: HA HW Alternative Heat Source? none / wood / electric / other _____

Tank Size: _____ **Fillpipe Location:** _____

AUTO / WILL-CALL Special Instructions: _____

Call Before Delivering? Yes / No **Senior Citizen in Household:** Yes / No **Age:** _____

Directions: _____

House Style: _____ **Color:** _____ **Former Owner/Tenant:** _____

Dog? Yes / No **Comments:** _____

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CREDIT ACCOUNT INFORMATION

Ind. ____ **Joint** ____

1) **Name:** _____

SSN: _____-_____-_____ **Date-of-Birth:** _____

Employer Name/Address: _____

Previous Mailing Address: _____

2) **Name:** _____

SSN: _____-_____-_____ **Date-of-Birth:** _____

Employer Name/Address: _____

Previous Mailing Address: _____

Signature Authorizing Credit Check _____

Please mail to J. P. Carroll Fuel Company 150 Washington Street Limerick, Maine 04048 Attn: Office Manager
Or You may Fax to: 207-793-6648

Internal Use Only: CODE: _____ Comments: _____ INITIALS: _____
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