

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: _____	_____