



APPLICATION FOR ACCOUNT

Name: _____ Spouse/Partner: _____

Address: _____ City, State, Zip: _____

Development or Delivery Address (if different from above): _____

Phone: _____ Mobile or Alternate Phone: _____

E-mail Address: _____ E-mail Receipts & Statements () Yes () No

How long at present address? ____ Years () Own () Rent Previous fuel supplier: _____

Automatic Delivery? () Yes () No ***Payment source on file required, for payment after deliveries***

Heat hot water with oil? () Yes () No Oil tank size: _____

Method of payment: () Checking/savings account () Credit Card (Visa/MC/Discover)

Bank Name: _____ Routing#: _____ Account#: _____

OR

Credit Card # : _____ Expiration Date: _____ CVV: _____

Billing Name & Address if different from above: _____

Employer & Occupation: _____ Phone#: _____

Address: _____

Spouse/Partner Employer & Occupation: _____ Phone#: _____

Address: _____

Nearest relative & relationship outside of this address: _____

Address: _____ Phone#: _____

DATE: _____ *Signature:* _____

*This application must be returned to our office with an original ink signature before taking effect. *

**Customer will be responsible for any legal or collection fees incurred by Hillside due to settling delinquent accounts. **