



P.O. Box 70
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802.262.FUEL (3835)

RESIDENTIAL & COMMERCIAL OIL DELIVERY

Customer Information

Applicant: _____ Co-Applicant: _____

Applicant DOB: _____ Co-Applicant DOB: _____

Home Number: _____ Work Number: _____

Cell Number: _____ Email Address: _____

Mailing Address: _____
Street/P.O. Box City State Zip

Delivery Address: _____
Street City State Zip

Rent or Own _____ (if renting, see page 2)

Directions for Delivery (Including house style, color, out-buildings and any landmarks)

Location of Fill Pipe: _____ Type of Fuel: _____

Other Fuel Pipes: _____ Yes _____ No If yes, where? _____

Location of Tank: _____ Inside _____ Outside _____ Underground

Size of Tank(s): _____ Gallons Hot Water Heated with Oil? _____ Yes _____ No

Yearly Volume: _____ Gallons Last Delivery: _____

How much Fuel in Tank? _____ Do you have an Alternate Source of Heat? _____ Yes _____ No

Account Status: _____ Will Call _____ Automatic

Method of Payments: _____ COD _____ Credit _____ Cash/Check _____ VT Fuel Assistance

Terms:

In Consideration of Packard Fuels making Deliveries, I/we state that all of the above information is true, and I/we agree to abide by all of the following terms:

1. To pay for each delivery within 30 days if able to charge, or within your stipulated time on contract.
2. In the event I/we fail to comply with paragraph 1, to pay finance charged of 1% per month (12% per year) on all unpaid invoices
3. In the event of non-payment, to pay all costs of collection, including reasonable attorney fees.

Applicant Signature Date
Approved/Denied on: _____

Co-Applicant Signature Date
By: _____

By signing this electronically, you agree to the terms of this document.