CB_____
JP_____
DP_____
SA_____

# =FOLEY= OIL COMPANY

**281 South Main Street, P.O. Box 505**
**Laconia, NH 03247-0505**
**(603) 524-1417 / Fax (603) 524-6215**

## RESIDENTIAL ACCOUNT APPLICATION

Referred By:

### PERSONAL INFORMATION

| APPLICANT | | | C0-APPLICANT or SPOUSE | | |
|---|---|---|---|---|---|
| Name | | | Name | | |
| Social Security No. | Driver's License No. | State | Social Security No. | Driver's License No. | State |
| Employer | No. Years Employed | | Employer | No. Years Employed: | |
| Employer Address | | | Employer Address | | |
| Home Phone / Work Phone / Cell Phone | | | Home Phone / Work Phone / Cell Phone | | |
| Would you like us to bill your credit card? | If so, Name on Card | | Type of Card | Card No. | Exp. Date |
| I hereby authorize Foley Oil Company, Inc. to charge my credit card for all charges. | | | Signature | | Date |

### DELIVERY INFORMATION

| | | | | |
|---|---|---|---|---|
| Delivery Address: Street | City | State | Zip | No. of years lived here |
| Mailing Address: Street | City | State | Zip | |
| Fuel Type (#2 Fuel, Kerosene) | Size Of Oil Tank | Type of Heat (Hot Water / Hot Air) | | |
| If Credit Approved, would you like AUTOMATIC DELIVERY? | How Did You Hear About Foley Oil? | | | |

### CREDIT TERMS & POLICIES

1. Customer must pay on delivery, until Account Application is approved and on file.
2. Once credit is approved, Customer is eligible for prompt payment discount (within 10 days) or may charge balance on account to be paid within 30 days of service.
3. Deliveries must be paid for on a load-to-load basis or within 30 days, whichever is sooner. Service will be discontinued on any account which is not paid within 30 days of service, or any account seeking delivery or service without paying in full for the prior delivery. **AUTOMATIC DELIVERY SERVICE WILL BE SUSPENDED UNTIL ACCOUNT BALANCE HAS BEEN PAID SATISFACTORILY.**
4. All accounts with balances over 30 days will be assessed a finance charge of 1.5% (One and one half percent) monthly. This reflects an ANNUAL PERCENTAGE RATE OF 18.0%
5. Customer is responsible for all deliveries until he/she contacts Foley Oil that the property has transferred ownership.
6. A $25.00 charge will be applied to the account for any check returned by the bank.

I (we) have read and understand the terms and policies. I (we) agree to settle this account in full each month. I (we) further agree that I (we) shall pay all reasonable expenses of collection including, but not limited to, Sheriff's fees, entry fees, and reasonable attorney's fees, in the event that the account is placed with an attorney or collector for collection. I (we) authorize Foley Oil Co, Inc. to investigate my/our credit before delivery of fuel will be made.

| APPLICANT'S SIGNATURE | | CO-APPLICANT'S SIGNATURE | |
|---|---|---|---|
| Signature | Date | Signature | Date |
| Name (Please Print or Type) | | Name (Please Print of Type) | |

**MAIL TO:**
FOLEY OIL COMPANY
PO BOX 505
LACONIA NH 03247
603.524.1417
603.524.6215 (FAX)