

Account Application

PRODUCTS: ☐ PROPANE ☐ HEATING OIL ☐ KEROSENE
SECTION 1 - FOR ALL ACCOUNTS COMPLETE THE FOLLOWING PERSONAL INFORMATION

NAME				
SOCIAL SECURITY NO.	FED. ID (FOR COMMERCIAL - ALSO FILL IN SECT III)	TAX EXEMPT? <input type="checkbox"/> N <input type="checkbox"/> Y (MUST ATTACH FORM)	HOME PHONE #	ALTERNATE REACH #
PRESENT ADDRESS/NUMBER & STREET	CITY	STATE & ZIP	CHECK ONE RENT <input type="checkbox"/> OWN <input type="checkbox"/>	HOW LONG?
FORMER ADDRESS/NUMBER & STREET	CITY	STATE & ZIP	CHECK ONE RENT <input type="checkbox"/> OWN <input type="checkbox"/>	HOW LONG?
PRESENT EMPLOYER/COMPANY NAME	ADDRESS	POSITION	HOW LONG?	WORK PHONE
FORMER FUEL SUPPLIER	ADDRESS	ACCOUNT NUMBER		

SECTION II - FOR JOINT OR CO-APPLICANT ACCOUNTS - COMPLETE THE FOLLOWING INFORMATION ABOUT THE OTHER PERSON RESPONSIBLE

FIRST NAME		MIDDLE INITIAL	LAST NAME	
SOCIAL SECURITY NO.	FED. ID (FOR COMMERCIAL - ALSO FILL IN SECT III)	HOME PHONE #	ALTERNATE REACH #	
PRESENT ADDRESS/NUMBER & STREET	CITY	STATE & ZIP	CHECK ONE RENT <input type="checkbox"/> OWN <input type="checkbox"/>	HOW LONG?
FORMER ADDRESS/NUMBER & STREET	CITY	STATE & ZIP	CHECK ONE RENT <input type="checkbox"/> OWN <input type="checkbox"/>	HOW LONG?
PRESENT EMPLOYER/COMPANY NAME	ADDRESS	POSITION	HOW LONG?	WORK PHONE
FORMER FUEL SUPPLIER	ADDRESS	ACCOUNT NUMBER		

SECTION III - FOR COMMERCIAL ACCOUNTS - TRADE REFERENCES

1	2
NAME	NAME
ADDRESS	ADDRESS
PHONE	PHONE
YOUR ACCOUNT #	YOUR ACCOUNT #

FOR PURPOSES OF OBTAINING AND MAINTAINING A FUEL AND SERVICES ACCOUNT WITH EASTERN, THE UNDERSIGNED AUTHORIZES EASTERN TO OBTAIN CREDIT REPORTS FROM TIME TO TIME FROM A CREDIT REPORTING AGENCY AND TO REPORT TO CREDIT BUREAUS AND OTHER LAWFUL RECIPIENTS THE STATUS OF THE ACCOUNT APPLIED FOR, THE UNDERSIGNED AGREES TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE AND TO MAKE PAYMENTS IN ACCORDANCE WITH SUCH TERMS AND CONDITIONS.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

For Internal Use Only <input type="checkbox"/> D.D. AUTOMATIC <input type="checkbox"/> WILL CALL TYPE OF DELIVERY: _____ # OF PEOPLE IN HOUSEHOLD _____ BTU HEATING SYSTEM DATE OF FIRST DELIVERY: _____ TANK SIZE: _____ FILL LOCATION NO. _____	<input type="checkbox"/> DOMESTIC HOT WATER <input type="checkbox"/> COMMERCIAL HOT WATER <input type="checkbox"/> DOMESTIC COOKING <input type="checkbox"/> COMMERCIAL COOKING	<table border="1"> <tr> <td>4</td> <td>5</td> <td>6</td> <td>7</td> </tr> <tr> <td>3</td> <td colspan="2">▼ FRONT ▼</td> <td>8</td> </tr> <tr> <td>2</td> <td>1</td> <td>10</td> <td>9</td> </tr> </table>				4	5	6	7	3	▼ FRONT ▼		8	2	1	10	9
	4	5	6	7													
	3	▼ FRONT ▼		8													
	2	1	10	9													

PLEASE SEE NOTICES AND STATEMENTS ON REVERSE SIDE FOR IMPORTANT INFORMATION BEFORE SIGNING THIS APPLICATION:

WHITE: EASTERN COPY

YELLOW: CUSTOMER COPY

ACCOUNT #:



Full Name:				
Delivery Address:		City:	State:	Zipcode:
Billing Address:		City:	State:	Zipcode:
Primary Phone #:	Secondary Phone #:		Email Address:	

Last 4 of SSN:		Date of Birth:		Proposal Total:
Money down:	Amount Financed:	Numer of Months:	Monthly Payment:	

Intro Rate:		Default Rate:		Upgrade Commision:		Competitor:		
Annual LP Usage:		Oil In tank:	Tank Rental amount:		Customer Owned Tank?	<input type="checkbox"/>	Customer Purchasing Tank?	<input type="checkbox"/>

Delivery Instructions:								
Automatic <input type="checkbox"/>		Latitude:		Applicances Used: <input type="checkbox"/> Heat <input type="checkbox"/> Pool heater <input type="checkbox"/> Range <input type="checkbox"/> Dryer				
Will Call <input type="checkbox"/>		Longitude:		<input type="checkbox"/> Generator <input type="checkbox"/> Generator <input type="checkbox"/> Hot water <input type="checkbox"/> Temp Heat				
# Tanks:		Tank Size:		Tank Location:		BTU Load:		# of People:

Internal Comments:			Permit Needed?	Permit Cost:	# of workers:	Total:
Tank Install Instructions:		<input type="checkbox"/> T&M <input type="checkbox"/> Quote <input type="checkbox"/> N/C				
Appliance Installation Instructions:		<input type="checkbox"/> T&M <input type="checkbox"/> Quote <input type="checkbox"/> N/C				

Material List:	Item:	Qty:	Unit:	Item:	Qty:	Unit: