

MERIT FUEL, INC.



642 Street Road Southampton, PA 18966
Phone: (800) 215-HEAT (4328) Fax: (215) 355-9356

APPLICATION

(Please print information clearly)

PERSONAL INFORMATION:

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP CODE

PHONE _____ SOCIAL SECURITY _____

Years at residence _____ Own or Rent? _____ Previous oil supplier _____

CLOSE RELATIVE: NAME _____
ADDRESS _____ PHONE _____

EMPLOYMENT INFORMATION:

EMPLOYER _____

ADDRESS _____
STREET CITY STATE ZIP CODE

PHONE _____

Years Employed _____ Position _____

Weekly Salary _____ Other Income _____ Source _____

LANDLORD INFORMATION: (if applicable)

NAME _____

ADDRESS _____

PHONE _____

I hereby authorize **MERIT FUEL, INC** and any credit reporting agency employed by **MERIT FUEL, INC** to investigate the references herein listed or any other information stated above to determine my qualifications for a credit account.

BUYER'S SIGNATURE _____ DATE _____

BUYER'S SIGNATURE _____ DATE _____

Southampton, PA (215) 355-9330

Delran, NJ (856) 461-1883

Customer Information Sheet

NAME _____ PHONE _____
ADDRESS _____
FUEL TANK SIZE _____ AMT. IN TANK TODAY _____
ANNUAL CONSUMPTION _____ DATE FOR 1ST DELIVERY _____
SPECIAL INSTRUCTIONS _____

Authorization to Deliver Oil

I, _____ residing at _____
authorize Merit Fuel, Inc. To deliver #2 Home Heating Oil to my premises listed above, on
an AUTOMATIC DELIVERY BASIS beginning immediately. This agreement will be
enforced until it is cancelled in writing.

Customer's Signature _____ Date _____
Company Representative _____ Date _____

Date for first oil delivery _____
Date for burner service _____
Oil hot water hookup? ___ Yes ___ No

Please indicate fill location below.

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**Please complete and sign both pages and return to the
address above or fax to (215) 355-9356.**

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