

How did you hear about us? 🗖 Website 🗖 Mailer 🗖 Yellow Pages 🗖 Newspaper Ad 🗖 Billboard Ad 🗖 Word of Mouth

Name(s):	
Last Name (or Company Name)	First Name(s)
Delivery Address:	
*Please include Green/Emergency	
City, Province:	Postal Code:
Nearest Crossroads:	
Home Phone No.:	Work Phone No.:
Cell No.:	Fax No.:
Driver's License No.:	Date of Birth:
Current Employer:	_
Do You Own or Rent Your Home? DOwn Rent - If Renting basis. Pre-payment of fuel is required before it will be delivered. Please allow a min	
Landlord Name:	Phone No.:
Address:	City:
Postal Code:	_
BILLING INFO/ADDRESS (if different from above):	
Name(s):	
Address:	
City, Province:	Postal Code:
<u><b>PREVIOUS ADDRESS</b></u> (if less than a year at the above address):	
Address:	
City, Province:	Postal Code:
<u>Personal Guarantee</u> : We hereby affirm that the information herein given for agent is hereby authorized to check the credit worthiness of the applicant/pr accordance with the terms of sales. NET 30 DAYS from DATE OF INVOICE consideration for the granting of credit to the Person/Company the undersig supplied to the company at its request and payments of all monies, which are shall be held and bound to payments of the amount guaranteed and responsib 2% INTEREST PER MONTH WILL BE CHARGED ON OVERDUE ACC	rincipals. It is agreed that all payments will be made on/by their due date, ir E unless otherwise stated in writing to the applicant from Arthurs Fuel Inc. In gned hereby personally guarantees the due payment of all goods and services now or shall at any time become owing to Arthurs Fuel Inc. The undersigned ble for all recovery costs.
Customer Signature: ×	Date:
Name (Please Print): ×	
	Continued

PURPOSE OF APPLICATION			CURRENT FUEL SOURCE OF RESIDENCE/BUILDING/OTHER						
			🗖 Propane 🗖 Oil 🗖 Both						
			$\Box$ Propane $\Box$ Oil $\Box$ Heating $\Box$ A/C $\Box$ New Build $\Box$ Other						
	I'm Switchi	ng Fuel Providers	🗖 Propane 🗖 Oil 🗖 Dyed Diesel 🗖 Clear Diesel 🗖 Gas						
_		require Service/Repair □ Propane □ Oil □ Natural Gas □ Other:							
	I require Sei	rvice/Repair	$\square$ Propane $\square$ Or		atural Gas	U Other:			
	Cardlock*								
			"Note: All Caralock A	ccounts	payment option	m <u>ust</u> be by PAP (preapproved automatic payment).			
FUEL(S) DELIVERY:			DELIVERY PREFERENCE FOR SELECTED FUELS:						
	Furnace Oil		■ Automatic Delivery ■ Will Call in for Delivery (Rush delivery fee without min. 48-hour notice				ce)		
	Propane*		■ Automatic Delivery ■ Will Call in for Delivery (Rush delivery fee without min. 48-hour notice)						
	Diesel (Dye	d or Clear)	□ Automatic Delivery □ Will Call in for Delivery (Rush delivery fee without min. 48-hour notice)						
	Gasoline	/	<ul> <li>Automatic Delivery</li> <li>Will Call in for Delivery (Rush delivery fee without min. 48-hour notice)</li> <li>Will Call in for Delivery (Rush delivery fee without min. 48-hour notice)</li> </ul>						
			2				1		
*Co	*Comprehensive Inspection (Oil) and/or Gascheck (Propane) may be required prior to fuel delivery. A one-time fee will apply.								
		UIPMENT (OPERATED BY Y							
	furnace	O LP O Oil	🗖 Boiler	O LP	<b>O</b> Oil	□ Water Heater O LP O Oil			
	ireplace	O LP O NG	Pool Heater	O LP	<b>O</b> Oil	□ Shop/Garage Heater ○ LP ○ Oil			
	Generator	O LP O Diesel	□ Stove or BBQ	<b>O</b> LP		□ Other:			
FINANCING ON EQUIPMENT INSTALLATIONS									
та]]	to your calo	non recording financing ont	ana availabla thrau	ah a th	ind party lor	adar			
1 all	c to your sales	s rep regarding financing opt	ions available throu	gn a th	ind party let	luer.			
INV	/OICES & S	TATEMENTS							
E-m	ail Address:					□ I have no email, please send by regular mail			
*Ple	ase Note: In an	effort to become more environment	ally friendly we are at	tempting	to reduce the	amount of paper distributed by our office. Invoices	and		
		nt to your email address unless indic		1 0		511 5 55			
		-	2						
PAYMENT OPTIONS									
Please select one of the below payment options.									
	Self-Pay by Debit (in office only), Visa, MasterCard, Cheque, On-line or Telephone Banking								
	For online or Telephone banking please use your Arthurs Fuel six-digit account number, e-transfer to ar@arthursfuel.com.								
	PAP – Preapproved Automatic Payment (Bank or Credit Card account details required)								
	O Upon Receipt								
		O Full statement balance	(by Credit card or	n the 10	<sup>)th</sup> or Direct	Debit on the 25 <sup>th</sup> the following month)			
	$\bigcirc$ Budget Plan Option (by Credit card on the 5 <sup>th</sup> or Direct Debit on the 29 <sup>th</sup> the following month)								
	*Note: Equal monthly budget payment plans are for home heating accounts only. You will be advised of the amount in July/August each								
	year with equal billing to start in September and run through to June (10 months). Fuel costs will be re-evaluated in February and								
	amounts adjusted if necessary. All outstanding balances must be paid before August 31 to continue the program.								
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	Credit	Card No.				Expiry /			