



31 Acorn Road * Branford, CT 06405
203-488-2669 * www.doughertyoilbranfordct.com

LICENSE #HOD 312 RETAIL CREDIT APPLICATION AND AGREEMENT Date: _____

Name: _____ Telephone: _____ EMAIL: _____

Billing Address: _____ Town: _____ Zip: _____

Delivery Address: _____ Town: _____ Zip: _____

Do you own? _____ Rent: _____ S.S.# _____

Name Appearing on Title of Home: _____

Prior Address: _____ How Long At Current Address? _____

Employed By: _____ How Long? _____ Work/Cell Phone: _____

How did you hear about us? _____ Former Supplier: _____

Have you ever been a customer of East River Energy _____ If yes, under what name? _____

Your Heating System (Completing the section helps us calculate your deliveries more accurately)

How do you heat your home? [] Hot Water (Baseboard) [] Forced Hot Air (Via Ducts) [] Hydro Air

How do you heat your hot water? [] Oil [] Propane [] Electric [] Natural Gas

Are you interested in the following: Service Contract [] Yes [] No

Do you have Central Air Conditioning? [] Yes [] No

Do you have a Pool? [] Yes [] No Pool Heater? [] Yes [] No How is Pool Heated? [] Oil [] Propane [] Other _____

Tank size? _____ How many tanks? _____ What is your current tank reading? (%) _____

Tank Location: [] Outside [] Underground [] Basement [] Garage

Where is your fill pipe located _____ (Describe as if you were facing your home. Please add any special instructions regarding delivery.)

Type of Delivery? [] Automatic [] Will Call Estimated annual consumption: _____

Representations: I, the Applicant, represent to you, Dougherty Oil Company, and your successors and assigns, that the information in this application is true and correct. I acknowledge that you are relying on the accuracy of this information in making your decision to extend credit to me.

Terms: I agree to pay for all product and services I buy from you within 30 days of the invoice date. If we have a separate contract I will pay according to the terms of that contract. If I fail to keep my account current I will pay interest at the rate of 18% per year and pay all costs of collection including reasonable attorney's fees. You may also discontinue deliveries or switch me from "Automatic Delivery" to "Will Call" status.

Credit Verification: I authorize you to verify my credit.

Credit Limit: I agree that you may discontinue all deliveries and service to me if I exceed the credit limit you establish for me.

Checks: I will pay a \$30.00 fee for any checks I give you that are returned by your bank.

Date: _____ Signature: _____

*****For Office Use Only*****

Date: _____ Credit Approved By: _____

Acct No: _____ Credit Limit: _____ Delivery: Auto _____ Will Call _____