



New Customer Information

# DUTCH OIL CO., INC.

- Fuel Oil
- Heating
- Air Conditioning

ACCOUNT NUMBER

CT Contractor Lic. No. SI-303161

P.O. Box 464, Moodus, CT 06469

Phone: 860-873-3876

Toll Free: 888-388-2497 Fax: 860-873-3678

Name: \_\_\_\_\_ SSN (or Lic.# & DOB): \_\_\_\_\_

Delivery Address: \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_ Zip: \_\_\_\_\_

Previous Address: \_\_\_\_\_ HomeTel: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_  Owns  Rents Central A/C:  YES  NO

(A/C service is not included in any service contract)

Location of Fill: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Cleaning Schedule: \_\_\_\_\_ Approximate Consumption: \_\_\_\_\_

Automatic Delivery: **(YES)** Tank Size: \_\_\_\_\_ Oil in Tank: \_\_\_\_\_ Next Del. Date: \_\_\_\_\_

Type of Heat:  Hot Water  Steam  Warm Air Domestic Hot Water:  Yes  No If no, type? \_\_\_\_\_

Name of Burner: \_\_\_\_\_ Name of Boiler or Furnace: \_\_\_\_\_ # of Zones: \_\_\_\_\_

Service Plan Option:  "A" Plan  "B" Plan  "C" Plan Cost: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_ Tel: \_\_\_\_\_

Address of Landlord: \_\_\_\_\_

Employer: \_\_\_\_\_ Years: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name & Address of Former Supplier: \_\_\_\_\_

Payment Option: \_\_\_\_\_

Fuel Price Option: \_\_\_\_\_

*In the event that our computer system generates a delivery ticket and an oil delivery is made after your price protection program has expired, your account will be invoiced at our daily posted price per gallon. Accounts must remain current in order to remain on the price protection program.*

*I hereby acknowledge that the above terms of sale as indicated are clearly understood by me and that I agree to the application of a service charge of 1.5% per month on any balance past due 30 days or more. In the event of default in payment of any amount due and if this amount is placed in the hands of an attorney for collection, the undersigned agrees to pay any, and all, cost of collection including a reasonable attorney's fee. You are hereby authorized to make any investigations concerning my financial standing and/or credit record through any investigative or credit agencies.*

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- New Account
- Replacement
- Transfer