

Call-In

20-Day Credit Account

(payable by cash or check)

Last Name: _____ First Name: _____

Delivery Address: _____

Town: _____ State: _____ Zip: _____

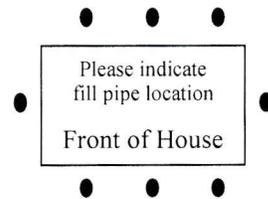
Billing Address: _____

Town: _____ State: _____ Zip: _____

Telephone (best daytime): _____ (alternate): _____

How many oil tanks do you have? _____ Oil tank size: 275 330 550 1080 Other: _____

House Color: _____



Information below required for credit check:

Owner's SSN: _____ Date of Birth: _____

Previous address if less than 3 years: _____

Place of employment: _____ Position: _____

I understand a credit check must be approved to be qualified for a 20-Day Credit Account. I also understand that my account must remain in good credit standing. Furthermore, I must contact Quality Oil Co. LLC if the information provided above should change at any time.

Signed: _____ Date: _____

Quality Oil Co., LLC

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(860) 276-9932

www.QualityOil.net