

Holly's Heating Oil Charge Account Application

Fax 207-856-5092

380 Main St. Westbrook 854-5035

38 Elm St. Biddeford 282-0248

PLEASE FILL IN FORM COMPLETELY



www.hollysoil.com

BILLING PRINIPALS

NAME: _____

ADDRESS: _____

CITY/ZIP: _____

TELEPHONE: _____ CELL _____

EMAILADDRESS: _____

S.S.#(REQUIRED) _____

LIC # _____ DOB _____ / _____ / _____

DO YOU OWN YOUR RESIDENCE? _____

DELIVERY ADDRESS: SAME AS ABOVE

IS THERE MORE THAN ONE DELIVERY ADDRESS? YES OR NO

IF YES THEN LIST ON BACK OF SHEET.

ADDRESS: _____

CITY/ZIP: _____

BRIEF

DESCRIPTON: _____

LOCATION OF PIPE: _____

ESTIMATE OF GALLONS BURNED PER YEAR _____

PAYMENT OPTIONS: PLEASE CIRCLE

7 DAY SAME AS CASH OR CHARGE MY CARD (10 CENT PER GALLON CHARGE FOR THIS OPTION)

ACCOUNT #: _____ EXP ___ / ___ / ___ SECURITY CODE _____

ARE YOU REQUIRED TO PAY A STATE SALES TAX ? YES OR NO

IF YES, WHAT PERCENTAGE? _____

I HEREBY CERTIFY THAT ALL STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND MADE FOR THE PURPOSES OF OBTAINING CREDIT WITH HOLLY'S LLC. THE UNDERSIGNED FURTHER AUTHORIZES ANY CREDIT INVESTIGATON NEEDED FOR THE ACTION ON THIS CREDIT APPLICATION AND DOES HEREBY INDEMNIFY HOLLY'S LLC FROM ANY LIABILITY RESULTING FROM THE CREDIT SURVEY. APPLYING FOR AN ACCOUNT DOES NOT GUARANTEE ONE. ONCE ACCOUNT IS APPROVED IF CHECKED AUTOMATIC, ACCOUNT WILL BE AUTOMATICALLY BE ADDED TO DELIVERY SCHEDULE WITHOUT NOTICE.I AUTHORIZE HOLLY'S TO CHARGE MY CREDIT CARD IF I CHOSE THIS OPTION.

THE UNDERSIGNED AGREES THAT ALL CHARGES ARE DUE AND PAYABLE 7 DAYS FROM DELIVERY. A 15 CENT PER GALLON FEE WILL BE CHARED AS A LATE FEE. 22% ANNUAL INTEREST RATE WILL BE CHARGED ON ALL PAST DUE BALANCES. ANY UNPAID BALANCE MAY BE CHARGED TO CREDIT CARD AND IS AUTHORIZED BY THE UNDERSIGNED. IF THE ACCOUNT IS PLACED FOR COLLECTIONS, ACCOUNT AGREES TO PAY ALL REASONABLE CHARGES FOR COLLECTION INCLUDING ATTORNEY FEES. ALL NSF CHECKS ARE CHARGED A \$30.00 RETURNED CHECK FEE. ACCOUNTS ARE ON A LOAD TO LOAD DELIVERY. DELIVERY WILL STOP IF THERE ARE ANY UNPAID BALANCES. 100 GALLON MINIMUM ON ALL ACCOUNTS NOT ON A CHARGE ACCOUNT OR FEES APPLY.

PLEASE READ THE ABOVE TWICE BEFORE SIGNING

SIGNATURE OF GUARANTOR: _____ DATE ___ / ___ / ___

PRINTED NAME: _____ TITLE _____

CO-APPLICANT

SIGNATURE OF GUARANTOR: _____ DATE ___ / ___ / ___

PRINTED NAME: _____ TITLE _____

WOULD YOU LIKE
AUTOMATIC DELIVERY?

YES OR NO

(THIS IS NOT A LOCK IN PRICE)

30 DAY WRITTEN
CANCELLATION NOTICE
REQUIRED.

DATE TO START AUTO FILL
