



PALISADES FUEL INC.

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customerservice@palisadesfuel.com

CREDIT APPLICATION & AGREEMENT

TELL US ABOUT YOURSELF

YOUR NAME: LAST		FIRST		MIDDLE INITIAL		AGE:	
YOUR ADDRESS: STREET		CITY		STATE		ZIP	
HOW LONG THERE:		YRS		MOS.			
HOME PHONE:	YOUR SOCIAL SECURITY NO.					ABOUT YOUR HOME:	<input type="checkbox"/> BUYING <input type="checkbox"/> RENTING <input type="checkbox"/> OWN <input type="checkbox"/> OTHER
LANDLORD OR MORTGAGE HOLDER:						RENT OR \$ MRTG. PYMT:	
CELL PHONE #			EMAIL ADDRESS:			DRIVERS LIC #	

ABOUT YOUR WORK

YOUR EMPLOYER: NAME		ADDRESS		CITY		STATE		YOUR POSITION:	
YOUR WORK PHONE:			YEARS THERE						
YOUR PREVIOUS EMPLOYER:					YOUR POSITION:		YEARS THERE:		

OTHER INFORMATION YOU MAY WANT US TO CONSIDER *

SPOUSE/CO-APPLICANT: LAST		FIRST		MIDDLE INITIAL		SOCIAL SECURITY NO.			
EMPLOYER NAME		ADDRESS		CITY		STATE		POSITION:	
WORK PHONE		YEARS THERE:		ANNUAL \$ SALARY:		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		OTHER INCOME: \$	
PREVIOUS EMPLOYER:						POSITION:		YEARS THERE:	

ABOUT YOUR HEATING OIL NEEDS

NO. ROOMS TO HEAT		TYPE OF HEAT		<input type="checkbox"/> H/AIR <input type="checkbox"/> H/WATER		DO YOU HAVE OIL FIRED H/W HTR.		<input type="checkbox"/> YES <input type="checkbox"/> NO		TYPE STORAGE TANK		<input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> UNDERGROUND PLAN		SIZE STORAGE TANKS SIZE		GAL.	
PAYMENT PLAN DESIRED		<input type="checkbox"/> REGULAR ACCOUNT <input type="checkbox"/> BUDGET PLAN ACCOUNT		TYPE DELIVERY SERVICE DESIRED		<input type="checkbox"/> AUTOMATIC <input type="checkbox"/> WILL CALL											
FILL LOCATION:										APPROX. ANNUAL USAGE							
DELIVERY DIRECTIONS/INSTRUCTIONS																	

* Please complete this section only if a joint account is desired and you wish the income and/or credit worthiness of a spouse/coapplicant to be considered.

Customer acknowledges that a 33 1/3% collection fee and any and all additional legal fees associated with nonpayment of any invoice, and the actions necessary to resolve any debts, will be assessed and are the responsibility of the applicant.

NOTICE TO APPLICANT(S): DO NOT SIGN BEFORE YOU ALSO READ CREDIT AGREEMENT AND INFORMATION REGARDING YOUR RIGHTS TO DISPUTE BILLING ERRORS PRINTED ON REVERSE SIDE.

APPLICANT'S SIGNATURE				DATE		SPOUSE/COAPPLICANT'S SIGNATURE				DATE	
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FOR OFFICE USE ONLY

PLAN	SC	CR. TRM.	CC TYPE	CC ACCT NUMBER	BUDGET	ACCOUNT NUMBER	APPROVED	DATE
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AUTHORIZATION FOR RELEASE OF CREDIT INFORMATION

It is the policy of many firms and banks not to disclose credit information without the consent of its customers. To ensure our getting a response from references provided by you as quickly as possible, we are requesting that you sign below, authorizing release of credit information.

To whom it may Concern:

I _____ authorize Palisades Fuel Inc. to request a credit report and/or consumer credit report in conjunction with my application for credit with their Company.

Signature of Applicant

Print Name

Date

NOTICE TO APPLICATIONS (see reverse side)

CREDIT AGREEMENT

I certify everything I have stated in this application is true and correct to the best of my knowledge. I understand you will retain this application irregardless of whether or not it is approved. You are authorized to check my credit and/or employment history and to answer questions from other bona fide credit grantors about your credit experience with me.

Regardless of whether or not this application is approved, I agree (1) to remit all payments within 30 days of delivery. Also I understand and agree to pay a late charge in each instance a payment is not received when due (all late charges will be computed as follows: 1-1/2% per month (ANNUAL PERCENTAGE RATE 18%), applied to balances remaining unpaid over 30 days past invoice date); (2) I understand and agree to pay a service charge if a check is tendered in payment and that check is returned to you unpaid for any reason; and (3) I understand and agree to pay all costs incurred by you in collecting my account including attorney fees up to 33-1/3% of the amount referred for collection. If any suit needs to be filed to collect an unpaid balance, customer agrees that such may be brought in the courts of **Westchester County, State of New York**.

I understand if approved by you, I may elect to participate in the Budget payment Plan. If I elect to participate in this Plan, I agree to settle my account in full each June.

In the event I change my address, I agree to provide you a minimum of two weeks notice in writing. I understand that I am responsible for the payment of all products and/or services provided by you to my address until such time as this notice is received by you.