

SWAN FUEL NEW CUSTOMER APPLICATION

NAME: _____ CONTACT PERSON: _____

ADDRESS: _____ CITY: _____ ZIP: _____

TOWNSHIP: _____ COUNTY: _____

BILLING ADDRESS (IF DIFFERENT): _____

PHONE # _____ CELL # _____ DATE OF BIRTH: _____

SOCIAL SECURITY # _____ DRIVER'S LICENSE # _____

MARITAL STATUS: _____ MARRIED _____ SINGLE SPOUSE NAME: _____

EMPLOYED BY: _____ HOW LONG: _____

FEDERAL ID # (BUSINESSES): _____

EMAIL OR PAPER STATEMENTS? (ONLY CHOOSE ONE) _____ EMAIL _____ PAPER

EMAIL ADDRESS: (PRINT): _____

HOW DID YOU HEAR ABOUT US? _____

HOME HEATING CUSTOMERS:

TANK SIZE: _____ RENT OR OWN HOUSE? _____ RENT _____ OWN

LANDLORDS NAME: _____ PHONE: _____

SQUARE FOOTAGE OF HOME: _____

CURRENT FUEL SUPPLIER: _____ CURRENT TANK PERCENTAGE: _____ %

NEW CONSTRUCTION? YES _____ OR NO _____ IF YES IS A PERMIT NEEDED: _____

ARE WE DIGGING A NEW LINE? YES _____ OR NO _____ IF YES APPROXIMATE FOOTAGE: _____

APPLIANCES RUNNING OFF TANK: FIREPLACE _____ BOILER _____ GENERATOR _____
HOT WATER _____ FURNACE _____ DRYER _____ STOVE _____ SPACE HEATER _____

IS PROPANE YOUR MAIN SOURCE OF HEAT? YES _____ OR NO _____ IF NO WHAT IS: _____

I WOULD LIKE TO BE KEEP FULL _____ OR WILL CALL _____

FINANCIAL RESPONSIBILITY

HAVE YOU FILED BANKRUPTCY? YES _____ OR NO _____ IF YES WHEN? _____

THIS INFORMATION IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT I'M RESPONSIBLE TO PAY FOR SERVICES RENDERED, INCLUDING REASONABLE ATTORNEY'S FEES AND COSTS OF COLLECTION IN THE EVENT OF DEFAULT. I FURTHER UNDERSTAND THAT IF A PAYMENT BECOMES 30 DAYS PAST DUE, DELINQUENCY AT THE LESSER OF THE ANNUAL RATE OF 1.8% OR THE MAXIMUM ALLOWABLE RATE, WILL BE DUE ON DELINQUENT AMOUNTS FROM THE DATE THE PAYMENT WAS DUE.

SIGNATURE: _____ DATE: _____