

Consumer Credit Application



<b>Name</b>			Social Security Number / DOB		
Last	First	Middle			
<b>Billing Address</b>				Rent Or Own (Please circle)	
Street:	City	Province	Postal Code	Years	
<b>Delivery Address (If different from billing)</b>					
Street	City	Province	Postal Code		
<b>Phone number / Email</b>					
Home	Cell	Email			
<b>Previous Address (If at current address less than 2 years)</b>				Rent Or Own (Please Circle)	
Street	City	Province	Postal Code	Years	
<b>Employer Information</b>					
Employer	Job Title	Work Phone	Years of Employment		
<b>Tank / Delivery Information</b>					
Tank Size	Tank Location (Please check)	Auto or Call In (Please Circle)	Yearly consumption in liters / dollars or style of home / square footage	Equipment (Please Check)	E-Billing (Please check)
	<input type="checkbox"/> \ <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> \ <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> Front of Building	Automatic  Will-Call		<input type="checkbox"/> Boiler <input type="checkbox"/> Forced air furnace <input type="checkbox"/> Hot water heater Oil or Electric <input type="checkbox"/> Wood Stove <input type="checkbox"/> Heat Pump <input type="checkbox"/> Other	Yes  No

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. As a credit approved customer I agree to pay all balances within 30 days of invoice date, any late payments will be subject to 2% interest charges per month.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Feasible Fuels Sales Representative

\_\_\_\_\_  
Date