

## Credit Application Form

### IMPORTANT! Read these directions before completing this application

**CHECK  
APPROPRIATE  
BOX**

- If you are applying for an individual account in your own name and are relying on your income or assets and not on the income or assets of another person as the basis for repayment of the credit request, complete only Section A.
- If you are applying for a joint account or an account that you and another person will use. complete all sections, providing information in B about the joint applicant or user.

#### SECTION B — INFORMATION REGARDING APPLICANT

TITLE (Option)	FIRST NAME	INITIAL	LAST NAME	DATE OF BIRTH
ADDRESS			HOME TELEPHONE (include area code)	
CITY/TOWN		STATE	ZIP CODE	SOCIAL SECURITY NUMBER
P.O. BOX	CITY/TOWN		STATE	ZIP CODE
HOME	OWN <input type="checkbox"/>	RENT <input type="checkbox"/>	BUYING <input type="checkbox"/>	HOW LONG YEARS MONTHS
MORTGAGE <input type="checkbox"/>	TO WHOM PAID	ADDRESS	VALUE	PRESENT BALANCE MONTHLY PAYMENT
RENT <input type="checkbox"/>	FORMER ADDRESS		CITY/ADDRESS	STATE ZIP CODE HOW LONG? YEARS MONTHS
EMPLOYER		ADDRESS		HOW LONG WITH PRESENT EMPLOYER?
ADDRESS	CITY/TOWN	STATE	ZIP CODE	BUSINESS TELEPHONE (include area code) GROSS PAY <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR
BANK AND BRANCH		CHECKING ACCOUNT NUMBER		SAVING ACCOUNT NUMBER
NAME OF NEAREST RELATIVE (not living with you)			ADDRESS	TELEPHONE (include area code)
CITY/TOWN		STATE	ZIP CODE	RELATIONSHIP

Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation. Alimony, child support, or separate maintenance received under:  court order  written agreement  oral understanding

#### SECTION B — INFORMATION REGARDING JOINT APPLICANT, USER OR ANY OTHER PARTY (Use separate sheets if necessary)

TITLE (Option)	FIRST NAME	INITIAL	LAST NAME	DATE OF BIRTH
ADDRESS			HOME TELEPHONE (include area code)	
CITY/TOWN		STATE	ZIP CODE	SOCIAL SECURITY NUMBER
EMPLOYER		POSITION		HOW LONG WITH PRESENT EMPLOYER?
CITY/TOWN	STATE	ZIP CODE	BUSINESS TELEPHONE (include area code)	GROSS PAY <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR

I hereby consent to the necessary credit investigation in connection with this application, which will become the property of CAPE ANN OIL INC..

I certify that I have read the CAPE ANN OIL INC. Account Conditions. I also certify that I have been given and have retained a copy of that document containing all the disclosures required by law.

I am aware of and agree to be bound by the CAPE ANN OIL INC. Account Conditions

The Federal Equal Credit Act prohibits creditors from discriminating against credit credit applicants on the basis of sex or marital status. The federal agency which administers compliance with this law concerning this oil company is the Federal Trade Commission.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
OTHER APPLICANT'S SIGNATURE

\_\_\_\_\_  
RELATIONSHIP

# HOME HEAT ACCOUNT CONDITIONS

## TERMS

Invoices and charges are due according to the terms stated on the invoice. Delivery invoices will be dated the date of delivery.

## CREDIT

To approved accounts only. Credit approval is determined via a signed, completed credit application. Credit may be revoked at any time by CAPE ANN OIL INCORPORATED because of any late payment or default by you or because of any other event which causes CAPE ANN OIL INCORPORATED, in good faith, to deem itself insecure or to believe that the prospect of performance of any provision of the Agreement by you is impaired

## FINANCE CHARGES

A finance charge of 1.5% per month will be added to all amounts outstanding 30 days after billing.

## COLLECTIONS

It is understood that for any credit that we may extend to the company, corporation or individuals named on the face of this application if payment is not received when due and the matter is turned over to an attorney or certified collection agency for collection, the party(ies) named on the face of this application must reimburse CAPE ANN OIL INCORPORATED, its divisions and subsidiaries, for attorney's fees, court costs, and other legal and collection expenses incurred.

## NOTICE

Consumer Reports (Credit Reports) may be obtained in connection with this application. You authorize CAPE ANN OIL INCORPORATED to obtain any and all information it deems necessary from any and all sources or references listed on this Credit Application, and from any other credit bureaus, your creditors, trade references, banks or other financial institutions and you authorize such entities to supply CAPE ANN OIL INCORPORATED such information as CAPE ANN OIL INCORPORATED deems necessary to assist it in its consideration of the Credit Application. If you request, you will be informed whether or not consumer reports were obtained and if reports were obtained, you will be informed of the names and addresses of the consumer reporting agencies (credit bureau) that furnished reports. The Federal ECOA prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age.

## C.O.D. ACCOUNTS

Require payment before or at the time of delivery. A **C.O.D.** account must submit a credit application to be considered for **Charge privileges**.

## BUDGET ACCOUNTS

A customer with a zero balance and approved credit may request a budget account. Monthly payment amounts are determined by estimated usage for a ten- (10) month period. Accounts failing to remit two (2) consecutive payments will be removed from the Budget Plan, returned to standard pricing, taken off automatic delivery and placed on **C.O.D.**

## ACCURACY OF INFORMATION

I (we) hereby certify that I (we) have read this application thoroughly, accept its conditions, and further state that all information supplied by me (us) or by others at our request or instruction is true in fact and intent.

## CANCELLATION OF SERVICE

It is the customer's responsibility to cancel services by giving CAPE ANN OIL INC. not less than 10 days prior written notice.

Post Office Box 1205 24 Harbor Loop Gloucester, MA 01930 Fax 978-281-6659 info@capeannoil.com

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