

Atlantic Heating Company, Inc.

Residential Credit Application
for Automatic Delivery

Applicants Full Name: _____

Social Security Number: _____ Date of Birth: _____

Physical Address: _____

Mailing Address: _____

Home/Cell Phone: _____ Email: _____

Employers Name, Address and Phone Number: _____

Occupation: _____ No. Years Employed _____ Monthly Income: _____

Co. Applicants Full Name: _____

Social Security Number: _____ Date of Birth: _____

Home/Cell Phone: _____ Email: _____

Employers Name, Address and Phone Number: _____

Occupation: _____ No. Years Employed _____ Monthly Income: _____

Fuel Information:

Number of Tanks: _____ Tank Size(s): _____

Please check the appropriate boxes:

Hot Air System Forced Hot Water

Do you heat your hot water with oil? YES / NO (Please, Circle One)

I/WE UNDERSTAND THAT IF CREDIT IS APPROVED THAT I/WE ARE RESPONSIBLE FOR ALL DELIVERIES MADE TO THE ABOVE RESIDENCE UNTIL NOTIFICATION BY ME/US IS RECEIVED IN WRITING BY ATLANTIC HEATING COMPANY, INC. I/WE ALSO UNDERSTAND THAT APPROVED CREDIT DOES NOT ENTITLE DELIVERIES WITH AN OUTSTANDING BALANCE OWED TO THIS COMPANY AND WILL VOID ANY OBLIGATION FOR AUTOMATIC DELIVERY. BALANCES ARE PAYABLE BASED ON TERMS AND LIMITS GIVEN ON ACCOUNT. BALANCES OVER 30 DAYS WILL BE SUBJECT TO A LATE CHARGE OF 1 ½ % PER MONTH (18% ANNUAL). I/WE ARE RESPONSIBLE FOR ALL COLLECTION COSTS, WHICH MAY INCLUDE ATTORNEY'S FEES, COURT FEE'S, ETC. FOR PAST DUE ACCOUNTS.

APPLICANTS SIGNATURE: _____ DATE: _____

CO APPLICANTS SIGNATURE: _____ DATE: _____

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