



# ATLANTIC HEATING CO.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Delivery/Service Address \_\_\_\_\_

City \_\_\_\_\_ State ME Zip Code: \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home/Cell Phone(s) \_\_\_\_\_

Email(s) \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Tank Size? \_\_\_\_\_ Number of Tanks? \_\_\_\_\_ Fill Pipe Location? \_\_\_\_\_

What type of system? ☐ Hot Air System ☐ Forced Hot Water System

Domestic Hot Water Source Oil ☐ Gas ☐ Electric ☐ Other ☐

Your home information Own ☐ Rent ☐ Style/Color \_\_\_\_\_

Other Delivery Instructions? \_\_\_\_\_

**\*\*\*WE REQUIRE TANK INSPECTIONS FOR NEW DELIVERIES\*\*\* TO EXPEDITE SERVICE, PLEASE EMAIL [SUPPORT@ATLANTICHEATINGCOMPANY.COM](mailto:SUPPORT@ATLANTICHEATINGCOMPANY.COM) A PICTURE OF YOUR OIL TANK. INCLUDE THE WHOLE TANK, TANK LEGS, OVERHEAD PIPING AND OUTDOOR FILL PIPE. PLEASE INCLUDE NAME AND ADDRESS IN SUBJECT LINE.**

☐ **Automatic Delivery:** Net-10 Day Payment Terms for Daily Cash Price

Employer's Name \_\_\_\_\_

Address/Phone Number \_\_\_\_\_

Occupation \_\_\_\_\_ No. Years Employed \_\_\_\_\_ Monthly Income \_\_\_\_\_

☐ **Automatic Delivery/Auto Pay:**

Charge Price: Call w/ Credit or Debit Card Information ☐

Daily Cash Price: Checking/Savings Electronic Funds Transfer ☐

☐ **Will Call Delivery:** (207) 797-7218 or online request:

<https://www.atlanticheatingcompany.com/delivery-request>

Charge Price: Call w/ Credit or Debit Card Information ☐

Daily Cash Price: Cash to Driver/Check on Door ☐ Checking/Savings Electronic Funds Transfer ☐