



701 No. Main Street
Leominster, MA 01453
Ph. 978-534-5171
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APPLICATION FOR CREDIT

Date: _____

Customer Name: _____ Phone: _____

Address: _____ Zip: _____

City: _____ SS#: _____

Spouse: _____ SS#: _____

How Long Have you lived at the above address? _____

Billing address (if different from service address): _____

Employer #1: _____	Employer #2: _____
Address: _____	Address: _____
City: _____	City: _____
# of Years: _____	# of Years: _____
Phone: _____	Phone: _____

Where did you previously purchase oil? _____

How did you hear about us? _____

PLEASE ANSWER THE FOLLOWING QUESTIONS TO HELP US SERVE YOU BETTER

Do you own or rent your home? _____

When was your last cleaning? _____

Do you use oil to heat your hot water? _____

Size of your tank?: _____

Amount currently in tank? _____

Location of fill pipe, when facing house from street? _____

Which service would you like? _____ Own-Automatic _____ Rent-Call-in _____ Own-Call-in

Signature #1

Signature #2

*Applicant(s) consent to a credit check based upon the information provided on this application
for purpose of extending credit.*

www.spadaforeoil.com