



## CUSTOMER APPLICATION

**Thank you for becoming a Ward's Energy customer!** We appreciate your business and are happy to be of service to you. Here at Ward's Energy, you are a preferred customer and quality service is our top priority. We invite you and your family or friends to make use of all our services. Please let us know if you would like additional information or a free quote.

### CUSTOMER INFORMATION (Please Print):

1.) Applicant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2.) Applicant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt./Suite: \_\_\_\_\_

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

1.) Home or Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

2.) Home or Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Do You: Own home: \_\_\_\_\_ or Rent Home: \_\_\_\_\_ - if rent, Landlords name: \_\_\_\_\_

If you are using your property as rental income, do you rent it out long term \_\_\_\_\_ or Short term: \_\_\_\_\_ week-to-week / vacation

### DELIVERY:

911 Delivery Address: \_\_\_\_\_

Delivery directions and/or special instructions: \_\_\_\_\_

Product type: \_\_\_\_\_ Tank size: \_\_\_\_\_

Fuel tank fill pipe location: \_\_\_\_\_

Previous propane or fuel oil supplier: \_\_\_\_\_

With credit approval, automatic delivery service is available. Please check method of delivery: Auto delivery \_\_\_\_\_ Will call: \_\_\_\_\_

Do you reside at this property during the winter months: Yes \_\_\_\_\_ or No \_\_\_\_\_

Do you heat your home with: Propane \_\_\_\_\_ or Oil \_\_\_\_\_ Do you heat your water with: Propane \_\_\_\_\_ or Oil \_\_\_\_\_

### PLEASE READ AND SIGN BELOW:

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 to Ward's Energy. I/We also understand that approved credit does not entitle deliveries with an outstanding balance owed to this company. Balances over 30 days will be subject to a late charge of 1.75% per month (21%) per annum. I/We are responsible for all collection costs, which may include attorney's fees, court costs, etc. for past due accounts. I/We also understand by signing and submitting this application, I/We give permission to have a credit report inquiry made.

Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

