

P.O. Box 208  
 154 Biscay Road  
 Damariscotta, ME 04543



Telephone: 207-563-3414  
 1-800-649-0626  
 Fax: 207-563-1814

Date \_\_\_\_\_  
 App. By \_\_\_\_\_

### Retail Account Application

Account # \_\_\_\_\_  
 Payment Status: \_\_\_\_\_

Applicant's Full Name		Social Security #	Date of Birth	Home Phone: Cell Phone: E-Mail:	
Delivery Address		Town	State	Zip	How Long?
Mailing Address		Town	State	Zip	How Long?
Previous Address		Town	State	Zip	How Long?
Current Employer	Address	Telephone	How Long?	Dependents	
Name and Address of nearest relative not living with you			Telephone	Relationship	
Own or Buy Home <input type="checkbox"/> Renting <input type="checkbox"/>	Name and Address of Landlord or Mortgage Bank			Monthly Payment	

**CO-APPLICANT**

Co-applicant's Full Name		Social Security #	Date of Birth	Telephone Home: Cell:	
Current Employer	Address	Telephone	How Long?	Dependents	

**REFERENCES**

Name of Bank or Store			
Previous Fuel Supplier	Address	Account #	Type of Account

Fuel Type Fuel Oil    Kerosene    Diesel Tank Size: 275    Other _____ Heating System:    H <sub>2</sub> O    Hot Air Location: Inside    Outside Automatic    Will Call	Propane LP Rate _____ Tank Size _____ Automatic    Will Call Propane Appliances: _____ _____	Delivery Instructions _____ _____ _____ _____ _____
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**AGREEMENT—PLEASE READ BEFORE SIGNING**

I hereby authorize the company to which this application is made, its agents, employees, or any credit bureau or other investigative agency employed by that company to investigate any references herein listed, statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility from time to time as necessary to maintain my account.

I hereby agree to comply with the terms of the account establish and to pay a late charge on any balance past due thirty (30) days or more at a periodic rate of 1.5% per month.

I understand and agree that automatic deliveries will be suspended if my account is not paid in full within 30 days of statement date and I will accept notice of such suspension by regular mail notification and release Colby & Gale, Inc of any liability.

\_\_\_\_\_  
 Applicant's Signature                      Date

\_\_\_\_\_  
 Co-applicant's Signature                      Date