MENDENHALL FUEL, INC.

"Serving Eastern Long Island Since 1934"
575 MONTAUK HWY., P.O.BOX 3000/ EAST QUOGUE, N.Y. 11942
(631) 653-5000 FAX # (631) 653-8402

NEW ACCOUNT APPLICATION & CREDIT AGREEMENT

Upon receipt of your application, we will verify credit information and open your account. If an open credit line is not approved you may still be on automatic delivery if an Advanced Payment is made, or you may call for each delivery and pay on a C.O.D. basis. Ask about using your Visa or Master Card for making payments. Terms: To avoid additional Finance Charges we must receive payment within 30 Days of transaction. We figure the finance charge by applying a Periodic Rate of 1.5% per month. (Annual Percentage Rate of 18%)

Name._____ **Social Security#**_____

Street_____ **City**_____ **St**____ **Zip**_____ **Yrs there**_____
(Fuel delivery address)
Street_____ **City**_____ **St**____ **Zip**_____ **Yrs there**_____
(Mailing address)
Employer_____ **Phone**_____ **Yrs there**_____

Telephone #'s _____ _____ _____
(for delivery address) **(cell phone)** **E-Mail**
Owner_____ **Purchased From**_____

Tenant_____ **Renting From**_____ **From**_____ **To**_____
(landlords name) **(dates of rental)**
Birthdate:_____ **Senior Citizen-Veteran-First Responders (Circle One If Applicable - *Discount*)**

If Spouse is to be authorized buyer on account, please complete the following:

Spouse's Name _____ **Social Security #** _____

Spouse's Employer_____ **Phone**_____ **Yrs there**____

Name and Address of third party that we can notify in case of emergency
Name_____ **Address**_____ **Tel. #** _____

Heating System Information ***Size of tank**_____ ***WA Furnace**_____ ***HW Boiler**_____ ***HW Heater**_____
Vents_____ **Baseboards?**_____

Grade of Oil _____ **How many Thermostats**_____ **Age of House**_____

Do you use fuel to heat your hot water?	**Yes**_____ **No**_____
Do you want deliveries to made on an automatic basis?	**Yes**_____ **No**_____
Do you want a Service Contract?	**Yes**_____ **No**_____
Do you want your delivery ticket mailed to you OR left at the house?	**Yes**_____ **No**_____
Would you like information on our Balanced Billing Plan?	**Yes**_____ **No**_____

How did you hear about Mendenhall Fuel?
__Recommended by current customer (Give name if possible)
__Recommended by Builder/Realtor
__Newspaper Advertisement
__Received letter from our company
__Social Media (Facebook, Instagram)
__Radio Advertisement
__Other_____

Signature is Required to Open Account **(Spouse's Signature)** **(Date)**

*****PLEASE FILL OUT, SIGN, AND FAX TO (631)653-8402 OR SEND TO P.O.BOX 3000 EAST QUOGUE, N.Y. 11942*****

****NOTICE: DO NOT SIGN BEFORE READING BILLING ERROR RIGHTS STATEMENT****