

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.

Mr.
Mrs.
Name Ms. _____ Social Security# _____

Street _____ City _____ St _____ Zip _____ Yrs there _____
(Fuel delivery address)

Street _____ City _____ St _____ Zip _____ Yrs there _____
(Mailing address)

Street _____ City _____ St _____ Zip _____ Yrs there _____
(Current address)-if other than fuel delivery)

Street _____ City _____ St _____ Zip _____ Yrs there _____
(Previous address)-if at current address less than 5 yrs

Employer _____ Position _____ Yrs there _____

Telephone #'s _____
(for delivery address) (for current address) (for employment)

Cell Phone# _____ E-Mail _____

Owner _____ Purchased From _____

Tenant _____ Renting From _____ From _____ To _____
(landlords name) (dates of rental)

Senior Citizen(65 or over) _____ (Receives extra discount)

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

Spouse's Name _____ Social Security # _____

Spouse's Employer _____ Position _____ Yrs there _____

Employer's Telephone # _____

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 _____

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

Name of Previous Fuel Supplier _____

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? _____ Received letter from your company

____ Recommended by current customer (Give name if possible) _____ Television Advertisement

____ Recommended by Builder/Realtor _____ Radio Advertisement

____ Newspaper 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