



Castle Oil is a local, full service energy company with competitively priced fuel oil, equipment sales, 24 hour repair service and oil deliveries from our Bronx and Sleepy Hollow terminals.

Washingtonville Fuel Corp.
136 Library Lane
Mamaroneck, NY 10543

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Representative: _____

NEW ACCOUNT APPLICATION

Billing Information

Date: _____ 20____

Applicant's Name _____

_____/_____/_____
Social Security Number

Co-Applicant's Name _____

_____/_____/_____
Social Security Number

Billing Address _____

City/Town/Village _____

State _____

Zip Code _____

Home Telephone Number _____

E-Mail Address* _____

Previous Address (if less than one year at current address) _____

City/Town/Village _____

State _____

Zip Code _____

Do you own rent _____ Years _____ Months
IF RENTING PLEASE PROVIDE THE FOLLOWING INFORMATION:

Owner's Name _____

Address _____

Telephone No. _____

Washingtonville Fuel Corp.
How did you hear of Castle? _____

WFC.
Name of referral (other than Account Representative)

*Castle Oil respects your privacy and will not sell or rent this E-mail information to any outside party.

Delivery Address _____

City/Town/Village _____

State _____

Zip Code _____

Cross Streets and/or Map Coordinates _____

Credit Information and Payment Process

Applicant's Employment _____

Address _____

Telephone Number _____

Co-Applicant's Employment _____

Address _____

Telephone Number _____

Budget Plan? Yes No

EFT Payment?* Yes No

*If yes, please attach voided check.

Name of Banking Institution _____

Bank Address _____

Checking Account Number _____

Savings Account Number _____

MC Visa Amex

Credit Card Number _____

Expiration Date _____

Charge all transactions to my credit card:

Yes No

Cardholder's Name (Printed as it appears on card)

Cardholder's Signature _____

Delivery Information

Will Call Automatic Grade of Oil _____

Last THREE deliveries Date _____ For _____ Gallons Annual Usage: _____
 Date _____ For _____ Gallons
 Date _____ For _____ Gallons Present Inventory: ¼ ½ ¾ Full

Tank Information: Size _____ gallons Location: Above Ground Underground Basement Garage

Abandoned fill line on premises? Yes No If YES, please give location: _____

Number of extra zones: _____ Hot Water Heater? Yes No If YES type: Oil Gas Electric Propane

System Type: Hot Water Steam Warm Air / Central AC Warm Air / No Central AC

Fill Information _____

Boiler/Furnace Manufacturer: _____ Model No.: _____ Est. Age: _____

Burner Manufacturer: _____ Heating Unit Efficiency: _____ Date of Last Cleaning: _____

Service Contract? Yes No If YES Plan Level: Standard Plus Super Value Premier

Special Contract Terms: _____	No. of Burners:	_____ X \$ _____ = \$ _____
_____	No. of Water Heaters:	_____ X \$ _____ = \$ _____
_____	No. of A / C Units:	_____ X \$ _____ = \$ _____
System Inspected? Yes <input type="checkbox"/> Date: _____	No. of Zones:	_____ X \$ _____ = \$ _____
Present Supplier: _____		TAX = \$ _____
		Total = \$ _____

Applicant and Co-applicant ("You") acknowledge that in connection with this application, Castle Oil Corporation ("Castle") may obtain a consumer credit report from Experian, P.O. Box 2002, Allen, Texas 75013 (T) 800-831-5614, or elsewhere. You hereby authorize Castle to obtain credit information about You from any source, including, without limitation, consumer credit reporting agencies, employers, and banks, and to exchange credit information about You with such sources. You acknowledge that Castle will rely on the truthfulness of the statements made on this application in deciding whether to extend credit to You and You affirm that those statements are truthful. Failure to complete this application truthfully may result in denial of credit. You represent that You are person(s) who is/are responsible for paying Castle's invoices and are legally authorized to execute this application. If You request, Castle will advise You if a consumer credit report was obtained. Should You become a Castle customer, You agree that Castle may obtain subsequent consumer credit reports for updating, renewing, or extending credit to You.

If credit is approved, You agree to pay each invoice in full on or before the due date shown on the invoice. We recommend credit card or electronic funds transfer (EFT). If you have chosen to pay by credit card or EFT, You agree that Castle will charge your account for the amount shown on the invoice or statement on the 10th day of each month. If you do not pay by the due date, You agree to pay an additional finance charge equal to 1.0% per month (12% per annum), but in no event more than the maximum interest charge permitted by law. You agree that Castle may sue to collect amounts which You owe in a New York court. You agree to reimburse Castle for all expenses it incurs in collecting amounts which You owe, including reasonable attorney's fees and court costs.

If You are purchasing a service contract You agree to pay the amount listed above. You further agree to purchase all of your fuel from Castle. The amount payable for service contract coverage is subject to change upon each renewal. You have read and agree to the terms and conditions of the service contract, a copy of which has been provided to You. You represent that your heating equipment is in good operating condition. Castle reserves the right to withhold or terminate your service contract if, upon inspection and in our sole discretion, we determine that your heating equipment is ineligible for a service contract due to its poor condition. If we terminate your service contract for that reason, we will credit your account with the unused portion of the contract price.

Date _____ Applicant's Name (Printed) _____ Applicant's Signature _____

Date _____ Co-Applicant's Name (Printed) _____ Co-Applicant's Signature _____

OFFICE USE ONLY	Account Number: _____ BPC _____ DEVIATION + _____ OR - _____ PRICE _____ FIRST DELIVERY PRICE ONLY: _____
	Special Price Instructions: _____ FIRST DELIVERY DATE: _____
	ZONE: _____ DIV. _____ A/E: _____ COLL. # _____ ACQ. _____ TAX EXEMPT: NO <input type="checkbox"/> YES <input type="checkbox"/>
	Customer Care Representative: _____ Checked By: _____ Date: _____