

**COMO OIL AND PROPANE  
RESIDENTIAL CREDIT APPLICATION**

Division \_\_\_\_\_ Date \_\_\_\_\_ Account# (when issued) \_\_\_\_\_

\*First Name \_\_\_\_\_ Mid \_\_\_\_\_ Last \_\_\_\_\_

\* ( ) Own ( ) Rent- Landlord \_\_\_\_\_ Phone \_\_\_\_\_

\*Billing Address \_\_\_\_\_ How Long \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

\*Service Address \_\_\_\_\_ How Long \_\_\_\_\_

City \_\_\_\_\_ Township \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*Nearest relative not living with you \_\_\_\_\_ Phone number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Previous Customer \_\_\_\_\_ Referred by: \_\_\_\_\_

\*Student: Permanent address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

\*Employment \_\_\_\_\_ How Long \_\_\_\_\_

\*Work Phone \_\_\_\_\_ SS # \_\_\_\_\_

\*Spouse \_\_\_\_\_ Mid \_\_\_\_\_ Last \_\_\_\_\_

\*Employment \_\_\_\_\_ How Long \_\_\_\_\_

\*Work Phone \_\_\_\_\_ SS # \_\_\_\_\_

**By signing this application, I authorize Como Oil and Propane to check my credit history for the purpose of determining whether to extend credit to me. If Como accepts this application, I agree to be bound by Como's credit terms and to pay the finance charge on any past due balance. The finance charge is computed by a "periodic rate" of 1.5% per month which is an annual percentage rate of 18% applied to the prior balance outstanding 30 days or more with the current payments and/or credits deducted. I further agree to pay all reasonable collection fees in the event it is necessary to turn this account over to another party for collection.**

\*Signed \_\_\_\_\_ Date \_\_\_\_\_

Propane       #1 Oil       #2 Oil       Gasoline       Diesel

Alternative Fuel type \_\_\_\_\_

Furnace      -ELEC, OIL or GAS (LP ready Y / N )

Boiler      -ELEC, OIL or GAS (LP ready Y / N )

Water Heater- ELEC, OIL or GAS (LP ready Y / N )

Fire Place      -ELEC, OIL or GAS (LP ready Y / N )

Dryer      -ELEC, OIL or GAS (LP ready Y / N )

Range      -ELEC, OIL or GAS (LP ready Y / N )

Other \_\_\_\_\_ -ELEC, OIL or GAS (LP ready Y / N )

Other \_\_\_\_\_ -ELEC, OIL or GAS (LP ready Y / N )

New Tank Set       Tank Switch Out      Como Contact \_\_\_\_\_

Scheduled Delivery       Will Call       Budget requested \_\_\_\_\_

K-Factor (suggested) \_\_\_\_\_ Tank Size \_\_\_\_\_

Start Delivery \_\_\_\_\_ Lease # to issue \_\_\_\_\_

Name of General Contractor \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Heating Contractor \_\_\_\_\_ Phone Number \_\_\_\_\_

Primary Dwelling Yes \_\_\_\_\_ No \_\_\_\_\_

If non-primary, caretaker name and number \_\_\_\_\_

Tax Exempt Yes \_\_\_\_\_ No \_\_\_\_\_

Misc.  
Info \_\_\_\_\_

\_\_\_\_\_