

**COMO OIL AND PROPANE
RESIDENTIAL CREDIT APPLICATION**

Division _____ Date _____ Account # (when issued) _____

() Own () Rent- Landlord _____ landlords Phone # _____

First Name _____ Mid _____ Last _____ Social Security # _____

Government Issued ID Type _____ Number _____ Issued From _____

Former Address _____ City _____ State _____

Service Address _____ Lived Here How Long _____

City _____ State _____ Zip _____

Billing Address _____ Lived Here How Long _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Other _____

Employment (FT-PT) _____ How Long _____ Work Phone _____ Ext. _____

Name of nearest relative not living with you _____ Phone number _____

E-Mail Address _____ Local fire dept. _____ Township _____

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Spouse _____ Mid _____ Last _____ SS# _____

Employment (FT-PT) _____ How Long _____ Work Phone _____ Ext. _____

Roommate _____ Mid _____ Last _____ SS# _____

Employment (FT-PT) _____ How Long _____ Work Phone _____ Ext. _____

Referred By: _____ Apartment or House Previous Customer _____

Student : Permanent address _____ Phone _____

City _____ State _____ Zip _____

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.

Print Name _____ Signed _____ Date _____

NET 30 _____ LMBP _____ COD _____ COD PRE-PAY _____ DELIVERY ZONE _____

OFFICE USE ONLY

Application Taken By _____ **Date** _____

Propane **#1 Oil** **#2 Oil** **Gasoline** **Diesel**

Alternative Fuel type _____ **Dual Fuel** _____

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)

BPC _____ **BSL** _____ **DEV** _____

Tank Transfer **New Tank Set** **Tank Switch Out** **Como Contact** _____

Schedule Delivery **Will Call** **Budget requested** _____

Payment Options **EFT Voided Check Attached** **Yes** **No** **Authorization Form Attached** **Yes** **No**

Credit or Debit Card Number _____ **Expires** _____ **CID number** _____

K-Factor (suggested) _____ **Tank Size** _____

Start Delivery _____ **Lease # to issue** _____ **Charged** **Yes** **No**

Name of General Contractor _____ **Phone Number** _____

Name of Heating Contractor _____ **Phone Number** _____

Primary Dwelling **Yes** _____ **No** _____

If non-primary, Caretaker name _____ **Phone** _____

Tax Exempt **Yes** _____ **No** _____ **Tax Exempt Number** _____ **Attach Copy** **Yes** **No**

Misc.
Info _____

