



# NEW CUSTOMER APPLICATION

9812 E. Washington St. • Chagrin Falls, OH 44023

DATE \_\_\_\_\_

## PRIMARY APPLICANT

FULL NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

YEARS THERE \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

FORMER ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_

YEARS THERE \_\_\_\_\_

POSITION \_\_\_\_\_

WORK PHONE  
(\_\_\_\_) \_\_\_\_\_

FORMER EMPLOYER \_\_\_\_\_

YEARS THERE \_\_\_\_\_

HOME PHONE  
(\_\_\_\_) \_\_\_\_\_

Own  Rent

COUNTY OF DELIVERY \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

LANDLORD \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

## SPOUSE OR JOINT APPLICANT

FULL NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

PRESENT ADDRESS (IF DIFFERENT THAN PRIMARY APPLICANT) \_\_\_\_\_

EMPLOYER \_\_\_\_\_

YEARS THERE \_\_\_\_\_

POSITION \_\_\_\_\_

WORK PHONE  
(\_\_\_\_) \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

## DELIVERY INFORMATION

### PLEASE COMPLETE ALL BOXES

Do You Request?

1. Automatic Refill  Yes  No

2. Budget Billing  Yes  No

(All Budget Payments Begin in September Before Heating Season)

3. Oil Fueled Hot Water  Yes  No

### 4. PRESENT FUEL LEVEL

Empty 1/4 1/2 3/4 Full

5. Type of Fuel Required \_\_\_\_\_

6. Tank Location  Outside  Basement

Underground  Other \_\_\_\_\_

FILL PIPE LOCATION (PLEASE BE SPECIFIC) \_\_\_\_\_

TANK SIZE \_\_\_\_\_

REFERRED BY \_\_\_\_\_

PREVIOUS SUPPLIER \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

**REFERENCE: NEAREST RELATIVE NOT LIVING WITH YOU**

FULL NAME

PRESENT ADDRESS

CITY

STATE

ZIP CODE

WHAT RELATION

PHONE

**DISCLOSURE STATEMENT**

- 1) Payment is due thirty (30) days after delivery date.
- 2) No late payment charges will be accessed if you are on our budget plan, and are making payments at agreed upon amount and intervals.
- 3) During any monthly billing period, no late payment charge will be imposed if you pay the "Balance Due," as shown on your statement, within 25 days of the statement date.
- 4) If you choose to pay less than the "Balance due" a late payment charge will be added to your next monthly statement. We figure the late payment charge using a periodic rate on the "unpaid balance". there are no charges applied on the current transactions.
- 5) The periodic rate is 1.5 percent per month (which is an annual rate of 18 percent).

Authorization: I certify that I am at least 18 years of age, and that I have read and agreed to all the terms and conditions indicated on the previous pages, and that I have truthfully and fully completed all items on this application. I understand that this offer to establish a credit account was made available by Ullman Oil, Inc. If my application is approved, my account will be governed by Ohio and applicable federal law. I understand that the use of the account issued in connection with this offer will constitute my acceptance of and will be subject to the terms and conditions set forth in this credit application. I understand that approval is based upon satisfying Ullman Oil, Inc.'s credit standards. I agree to be responsible for all charges related to the credit issued by Ullman Oil, Inc. pursuant to this application. I understand that the terms of my account are subject to change as provided in the credit agreement.

We obtain your credit information pursuant to, and in conformance with, the agreement we have with an outside credit reporting service in the business of providing credit information. The information we obtain from this service is sought for, and used solely in connection with, determining the credit-worthiness of prospective and current customers of our business. We are not required by law to have a written policy with respect to the use of that information. Nevertheless, it is our Company's promise to disseminate this information only to those Company employees with a reason to know it in connection with the carrying out of their job-related responsibilities. We do not make this information available to third parties except to the extent as may be required by legal process.

APPLICANTS SIGNATURE

DATE

JOINT APPLICANT SIGNATURE

DATE

Please forward to:

Ullman Oil Company, LLC  
 P.O. Box 23399  
 Chagrin Falls, OH 44023  
 www.ullmanoil.com

Phone  
 (440) 543-5195  
 Fax  
 (440) 543-6549

**OFFICE USE ONLY**

INIT. \_\_\_\_\_ DATE \_\_\_\_\_  
 ACCOUNT # \_\_\_\_\_  
 D / D \_\_\_\_\_  
 BUDGET \_\_\_\_\_  
 LETTER 

A
D

 \_\_\_\_\_