



## East River Energy

Your Energy Partner

401 Soundview Road \* P.O. Box 388 \* Guilford, CT 06437

203-453-1200 \* 800-336-3762 \* Fax 203-453-3899 \* www.eastriverenergy.com

### LICENSE #HOD 312 RETAIL CREDIT APPLICATION AND AGREEMENT

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Address: \_\_\_\_\_

Do you own? \_\_\_\_\_ Rent: \_\_\_\_\_ S.S.# \_\_\_\_\_

Name Appearing on Title of Home: \_\_\_\_\_

Prior Address: \_\_\_\_\_ How Long At Current Address? \_\_\_\_\_

Employed By: \_\_\_\_\_ How Long? \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Former Supplier: \_\_\_\_\_

Have you ever been a customer of East River Energy \_\_\_\_\_ If yes, under what name? \_\_\_\_\_

### Your Heating System (Completing the section helps us calculate your deliveries more accurately)

How do you heat your home? ☐ Hot Water (Baseboard) ☐ Forced Hot Air (Via Ducts) ☐ Hydro Air

How do you heat your hot water? ☐ Oil ☐ Propane ☐ Electric ☐ Natural Gas

Are you interested in the following: Service Contract ☐ Yes ☐ No

Do you have Central Air Conditioning? ☐ Yes ☐ No

Do you have a Pool? ☐ Yes ☐ No Pool Heater? ☐ Yes ☐ No How is Pool Heated? ☐ Oil ☐ Propane ☐ Other \_\_\_\_\_

Tank size? \_\_\_\_\_ How many tanks? \_\_\_\_\_ What is your current tank reading? (%) \_\_\_\_\_

Tank Location: ☐ Outside ☐ Underground

Where is your fill pipe located \_\_\_\_\_

(Describe as if you were facing your home. Please add any special instructions regarding delivery.)

Type of Delivery? ☐ Automatic ☐ Will Call Estimated annual consumption: \_\_\_\_\_

Representations: I, the Applicant, represent to you, East River Energy, Inc., and your successors and assigns, that the information in this application is true and correct. I acknowledge that you are relying on the accuracy of this information in making your decision to extend credit to me.

Terms: I agree to pay for all product and services I buy from you within 30 days of the invoice date. If we have a separate contract I will pay according to the terms of that contract. If I fail to keep my account current I will pay interest at the rate of 18% per year and pay all costs of collection including reasonable attorney's fees. You may also discontinue deliveries or switch me from "Automatic Delivery" to "Will Call" status.

Credit Verification: I authorize you to verify my credit.

Credit Limit: I agree that you may discontinue all deliveries and service to me if I exceed the credit limit you establish for me.

Checks: I will pay a \$30.00 fee for any checks I give you that are returned by your bank.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

\*\*\*\*\*For Office Use Only\*\*\*\*\*

Date: \_\_\_\_\_ Credit Approved By: \_\_\_\_\_

Acct No: \_\_\_\_\_ Credit Limit: \_\_\_\_\_ Delivery: Auto \_\_\_\_\_ Will Call \_\_\_\_\_