



### 7 Day Payment Plan Application

We offer our customers the benefit of paying within 7 days, same as if they paid on delivery, based on eligibility.

Once your credit application is approved your account will be placed on the 7 Day Payment Plan.

7 Day Payment Plan: If your fuel bill is paid within 7 days you may deduct \$0.20 from the price per gallon billed on the delivery slip. If your fuel bill is paid after 7 days the price per gallon billed on the delivery slip stands and all balances must be paid within 30 days. A delivery may not be scheduled if there is a balance on your account.

If your balance is not paid within 30 days your credit card provided on this document will be charged for the full amount due and your account will be placed on COD Payment. A credit card is required for application submission.

#### Customer and Delivery Information

Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Do you own or rent the property listed above (circle one)?      Own    Rent

How many years have you been at the property listed above? \_\_\_\_\_

What is this property used for (circle one)?      Personal/Residential      Business/Commercial      Rental

#### Fuel and Capacity Information

What type of fuel do you use at the property listed above (circle one)?      Heating Oil      Propane      Both

How many heating oil tanks are at the property listed above? \_\_\_\_\_      Approx. size of tanks? \_\_\_\_\_

How many propane tanks are at the property listed above? \_\_\_\_\_      Approx. size of tanks? \_\_\_\_\_

Billing Information

If Billing Address is the same as the Delivery Address place a check in this box

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

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Credit Card Information

Type (circle one):      Discover      Mastercard      Visa

Card Number: \_\_\_\_\_      Card Security Code: \_\_\_\_\_

Expiration(MM/YYYY): \_\_\_\_\_ Name on Card: \_\_\_\_\_

Your signature gives Quality Discount Heating Oil & Propane permission to run a credit check upon or after application submission and charge the credit card provided on this document if your balance is not paid within 30 days. Your signature guarantees payment of all debts.

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

**Office Use Only**

Account Number: \_\_\_\_\_

Approved  Denied  Date: \_\_\_\_\_