

# Loikits Oil & Heating Co.

Premium Fuel Oils – Quality Heating & Cooling Sales and Service – Since 1939

4401 Spruce St., Whitehall, PA 18052

Call 610-262-0859 FAX 610-262-7595

[www.loikitsoll.com](http://www.loikitsoll.com)

## APPLICATION FOR CREDIT FOR FUEL OIL AND RELATED SERVICES FOR AUTOMATIC DELIVERY CUSTOMERS

DIRECTIONS: Please print or type. Please fill-in all blanks, answer all questions and check all boxes or this credit application cannot be properly processed. Space is provided for information on more than one person who is to use this account. If you are married, a partner, a co-habitant, etc., all persons involved must provide information. If additional writing space is needed please use blank space on the reverse side of this sheet or use a blank sheet of paper. There are two sides to this credit application. Thank you for your cooperation.

CUSTOMER NAME (LAST) (FIRST) (INITIAL) SOCIAL SECURITY NUMBER

ADDITIONAL NAME (LAST) (FIRST) (INITIAL) SOCIAL SECURITY NUMBER

DATE OF BIRTH (MONTH, DAY AND YEAR) ADDITIONAL PERSON'S DATE OF BIRTH (MONTH, DAY AND YEAR)

ADDRESS (NUMBER AND STREET) (CITY OR TOWN) (STATE) (ZIP CODE)

DELIVERY OR SERVICE ADDRESS (NUMBER AND STREET) (CITY OR TOWN) (STATE) (ZIP CODE)

DO YOU OWN OR RENT THIS DELIVERY OR SERVICE ADDRESS? \_\_\_\_\_

PREVIOUS ADDRESS IF LESS THAN 5 YEARS (NUMBER AND STREET) (CITY OR TOWN) (STATE) (ZIP CODE)

HOME PHONE NUMBER WORK PHONE NUMBERS

ADDITIONAL PHONE NUMBERS (CELLULAR, PAGER, ETC.) EMAIL ADDRESS

NAME OF EMPLOYER \_\_\_\_\_

ADDRESS OF EMPLOYER (NUMBER AND STREET) (CITY OR TOWN) (STATE) (ZIP CODE)

EMPLOYER'S PHONE NUMBERS (INCLUDE ALL AREA CODES)

NAME OF YOUR PREVIOUS HEATING OIL DEALER? \_\_\_\_\_

DO YOU OWE A BALANCE TO YOUR PREVIOUS OR ANY OTHER FUEL OIL DEALER? YES  NO

MY CURRENT TANK GAUGE LEVEL IS \_\_\_\_\_

DO YOU HEAT YOUR DOMESTIC HOT WATER WITH OIL HEAT? YES  NO  I DON'T KNOW?

### AGREEMENT OF TERMS

I (WE) HEREBY AGREE THAT ANY INVOICE NOT PAID WITHIN THIRTY (30) DAYS WILL BE CONSIDERED PAST DUE AND WILL BE SUBJECT TO AN ADDITIONAL SERVICE CHARGE OF 1 ½% PER MONTH WITH A MINIMUM SERVICE CHARGE OF \$1.00 PER MONTH. I (WE) AGREE TO PAY ANY COLLECTION AND ATTORNEY FEES DUE TO DEFAULT OF PAYMENT, SHOULD THAT BECOME NECESSARY. I (WE) AGREE TO GO ON AUTOMATIC DELIVERY AND I (WE) AGREE TO NOTIFY LOIKITS OIL & HEATING CO, IN WRITING, IN THE EVENT THAT I (WE) ARE MOVING OR WISH TO TERMINATE THIS AGREEMENT. MY (OUR) SIGNATURE DENOTES THAT THE INFORMATION THAT I (WE) PROVIDED ON THIS DOCUMENT IS TRUE AND CORRECT AND I (WE) GIVE LOIKITS OIL & HEATING CO PERMISSION TO CHECK MY (OUR) CREDIT HISTORY.

CUSTOMER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADDITIONAL SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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I (WE) WISH INFORMATION ON THE FOLLOWING (PLEASE CHECK):

- |  |  |
|--|--|
| <input type="checkbox"/> LOIKITS OIL BURNER SERVICE PLAN | <input type="checkbox"/> LOIKITS OIL BUDGET PLAN |
| <input type="checkbox"/> ANNUAL OIL BURNER MAINTENANCE   | <input type="checkbox"/> LOIKITS OIL PREPAY PLAN |

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JUST CURIOUS...HOW DID YOU HAPPEN TO CALL LOIKITS OIL & HEATING CO?

- |   |   |
|---|---|
| <input type="checkbox"/> FLYER ADVERTISING    | <input type="checkbox"/> RADIO ADS                  |
| <input type="checkbox"/> VERIZON YELLOW PAGES | <input type="checkbox"/> NEWSPAPER AD               |
| <input type="checkbox"/> THE YELLOW BOOK      | <input type="checkbox"/> REFERRAL BY ANOTHER PERSON |

IF REFERRED, MAY WE ASK WHO THAT PERSON IS? \_\_\_\_\_

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LOIKITS OIL & HEATING CO. WISHES TO THANK YOU FOR CALLING US. WE WELCOME NEW CUSTOMERS AS WELL AS APPRECIATE THE ONES WE HAVE. WE SHALL NOTIFY YOU OF THE RESULTS OF THIS APPLICATION FOR CREDIT.

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PLEASE USE THIS SPACE IF YOU HAVE ANY QUESTIONS OR COMMENTS.

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PLEASE DO NOT WRITE BELOW THIS LINE

CREDIT APPROVED...YES  NO  DATE \_\_\_\_\_ BY \_\_\_\_\_

COMMENTS:

C/N \_\_\_\_\_