## HEAT OIL Credit Application FAX Completed Form to (216) 514-3275



APPLICANT INFORMATION (TO BE COMPLETED BY APPLICANT) Customer Name: Phone: Social Security #: Invoice Address: City: County: State & ZIP Code: Delivery Address (If Different From Above): City: County: State & ZIP Code: E-MAIL INVOICES & STATEMENTS TO: OHIO CREDIT APPLICANTS ONLY: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDIT WORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. Do you qualify for Federal Assistance (HEAP)? YES If so, do you presently receive vouchers? YES NO NO YES NO Mobile Home: YES NO YES Own Home: Rental. Do you want to have tank filled automatically (AUTO-FILL)? NO YES Do you want to have tank filled only when you request? YES NO Tank Size: AGREEMENT TO TERMS I UNDERSTAND TERMS FOR PAYMENT ARE NET 30 DAYS, UNLESS OTHERWISE SPECIFIED IN WRITING AND THAT ALL ACCOUNTS NOT PAID WITHIN TERMS ARE PAST DUE AND ARE SUBJECT TO A 1.5% PER MONTH FINANCE CHARGE (18% PER ANNUM) SUBJECT TO CHANGE WITHOUT NOTICE. DELINQUENT ACCOUNTS MAY BE SUBJECT TO COLLECTIONS PROCEDURES. BUYER AGREES TO PAY THE COSTS AND EXPENSES OF COLLECTION OF AMOUNT PAST DUE, INCLUDING FINANCE CHARGES, LEGAL EXPENSES AND ATTORNEY FEES. SIGNER AGREES TO ACCOMPANYING TERMS AND CONDITIONS By signing below, the undersigned, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Great Lakes Petroleum, Its equivalent or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual(s) identified in the above application.'

NOTICE: IF YOUR APPLICATION FOR BUSINESS OR PERSONAL CREDIT IS DENIED, YOU HAVE THE RIGHT TO A WRITTEN STATEMENT OF THE SPECIFIC REASONS FOR THE DENIAL. TO OBTAIN A COPY OF THE STATEMENT, PLEASE CONTACT US WITHIN 60 DAYS FROM THE DAY YOU ARE NOTIFIED OF OUR DECISION. WE WIL SEND YOU A WRITTEN STATEMENT OF THE REASONS FOR THE DENIAL WITHIN 30 DAYS OF RECEIVING YOUR REQUEST FOR THE STATEMENT. THE FEDERAL EQUAL OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE (PROVIDED APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT), BECAUSE ALL OR PART OF THE APPLICANT'S INCOME IS DERIVED FROM ANY PUBLIC ASSISTANCE PROGRAM, OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING THIS CREDITOR IS THE FEDERAL TRADE COMMISSION, ECOA COMPLIANCE, WASHINGTON, DC 20581.

Print Name

Signature

Date