

Customer Information				Delivery Address			
Business/Company Name				911 #	P.O. Box #		
First Name	Initial	Last Name		Road	City		
S.I.N.				Province	Postal Code		
Date of Birth (Month/Day/Year)				<b>Mailing Address (If Different from Delivery Address)</b>			
Business/Company Name				911 #	P.O. Box #		
First Name	Initial	Last Name		Road	City		
S.I.N.				Province	Postal Code		
Date of Birth (Month/Day/Year)				Previous Address			
Business/Company Name				911 #	P.O. Box #		
First Name	Initial	Last Name		Road	City		
S.I.N.				Province	Postal Code		
Date of Birth (Month/Day/Year)							
Contact Information							
Home Phone		Cell Phone		Fax		E-Mail	
Employment Information				Residence Information			
Employer		Business Phone		<input type="checkbox"/> Owned	Mortgage Company		
				<input type="checkbox"/> Rented	Landlord		
Banking Information				Farm Information			
Bank Name		Branch Location		Lot	Concession	Township	
Credit References (3)				Acres Owned		Mortgage Company	
Organization Name				Acres Rented		Owner	
Contact Person							
Phone #							
Organization Name				Corporation Information			
Contact Person				Corporate Name			
Phone #				Directors (Name & Address)		Officers (Name & Title)	
Organization Name							
Contact Person							
Phone #							
Customer Type				PST Exemptions			
<input type="checkbox"/> Transfer from Supplier		<input type="checkbox"/> New to Industry		<input type="checkbox"/> PST Exempt	PST #		
Previous Supplier		<input type="checkbox"/> Account Transfer		Air Miles Information			
		<input type="checkbox"/> Other		<input type="checkbox"/> New Air Miles Account #			
Converted from		<input type="checkbox"/> Gas <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Wood		<input type="checkbox"/> Current Air Miles Account #			

I (we) acknowledge Edward Fuels Ltd. Terms Net 30 2 1/2% per month (35.5% compounded annually).  
 I hereby grant Edward Fuels Limited permission to confirm this information with the references listed or with any credit information service.  
**Date:** \_\_\_\_\_ **Signature(s):** \_\_\_\_\_

Heating Equipment Information				Water Heater Information			
<input type="checkbox"/> Gas <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Wood <input type="checkbox"/> Pool Heater				<input type="checkbox"/> Gas   Size		Serial #	
<input type="checkbox"/> Furnace <input type="checkbox"/> OK <input type="checkbox"/> Needs Work		Serial #		<input type="checkbox"/> Propane			
Make		Model	Year	<input type="checkbox"/> Electric	Make	Model	Year
				<input type="checkbox"/> Oil Fired			<input type="checkbox"/> OK <input type="checkbox"/> Needs Work
<input type="checkbox"/> Boiler <input type="checkbox"/> OK <input type="checkbox"/> Needs Work		Serial #		Air Conditioner Information			
Make		Model	Year	Year	Make	Model	Size
							<input type="checkbox"/> OK <input type="checkbox"/> Needs Work

Tank Information							
Product	Size	Current Fill Amt	Tank Location	Fill Location	Serial #	Year	Current Condition
<input type="checkbox"/> Gas							<input type="checkbox"/> OK <input type="checkbox"/> Needs Work
<input type="checkbox"/> Diesel							<input type="checkbox"/> OK <input type="checkbox"/> Needs Work
<input type="checkbox"/> Stove Oil							<input type="checkbox"/> OK <input type="checkbox"/> Needs Work
<input type="checkbox"/> Furnace Oil							<input type="checkbox"/> OK <input type="checkbox"/> Needs Work

For Office Use Only							
Customer #		Type		Account Size		Pricing Information	
Account Number		<input type="checkbox"/> Individual/Family		<input type="checkbox"/> Small			
<b>Referral Information</b>		<input type="checkbox"/> Proprietorship		<input type="checkbox"/> Medium			
<input type="checkbox"/> Salesperson <input type="checkbox"/> Other		<input type="checkbox"/> Partnership		<input type="checkbox"/> Large			
		<input type="checkbox"/> Corporation		<input type="checkbox"/> Other			
Territory				Payment Methods			
<input type="checkbox"/> Clinton <input type="checkbox"/> Goderich <input type="checkbox"/> Kincardine <input type="checkbox"/> Teeswater				<input type="checkbox"/> Budget (Equal Monthly Billing - Heating Oil Customers Only)			
Notes/Comments				<input type="checkbox"/> Void Cheque (Required for Budget Payment Method)			
				<input type="checkbox"/> Full Payment			
				<input type="checkbox"/> Void Cheque (Required for Full Payment Method)			
				<input type="checkbox"/> C.O.D. (Cash on Delivery)			
				<input type="checkbox"/> Charged On Account			
				<input type="checkbox"/> Credit References Required			
Products				Credit Limit			
<input type="checkbox"/> Gas <input type="checkbox"/> Furnace Oil <input type="checkbox"/> Mk Diesel <input type="checkbox"/> Oil				Credit Limit		Credit Notes	
<input type="checkbox"/> Diesel <input type="checkbox"/> Stove Oil <input type="checkbox"/> Other <input type="checkbox"/> Lubes							
Keylock Information				HVAC Services			
<input type="checkbox"/> Gas   Key #'s				<input type="checkbox"/> Annual Cleaning   Annual Cleaning Date			
<input type="checkbox"/> Diesel   Key #'s				<input type="checkbox"/> Plan #1 <input type="checkbox"/> Plan #2 <input type="checkbox"/> Plan #3			
				Plan #		Plan #	
				Plan #		Plan #	
Delivery Type				HVAC Inspection Info			
<input type="checkbox"/> Automatic   Estimated Degree Days				<input type="checkbox"/> Basic Inspection <input type="checkbox"/> Comprehensive Inspection <input type="checkbox"/> N/A			
<input type="checkbox"/> Call In				Inspection Date		Inspector	
Delivery Notes				Inspection Renewal Date			