



10108 Portland Ave E * Tacoma, WA 98445

Account Application – Home Heating Oil

Personal Information

| | | | | |
|--------------------------|------------|----------------|---|--------------------|
| Last Name | First Name | Middle Initial | S.S. # | Driver's License # |
| Co-Applicant's Last Name | First Name | Middle Initial | S.S. # | Driver's License # |
| Street Address | | | City & Zip Code | |
| Home Phone | | | Cell Phone | |
| Email Address | | | Years Months @ Address Own Rent | |

Type of Fill-Up Service Requested

| | | |
|--|-------------------------|--|
| Automatic Refill <input type="checkbox"/> (Check Box if "Yes") | Size of Tank in Gallons | This service provides automatic refills of your tank at intervals determined by industry standards. You must notify PSP, Inc. in writing if you wish to stop automatic refills. You will be responsible for payment of all product delivered unless PSP, Inc. is notified in writing. |
| Will-Call Service <input type="checkbox"/> (Check Box if "Yes") | Size of Tank in Gallons | You are responsible for notifying PSP, Inc. when you need a delivery. |

If your tank is located inside your house, someone will need to be home @ the time of delivery. Oil prices are subject to change without notice. If you chose Automatic Refill, you are authorizing PSP, Inc. to keep your tank full. If you chose Automatic Refill and your tank runs out of fuel, we will provide an emergency fill-up outside our normal operating hours at no cost to you. Automatic Refill service can be terminated by PSP, Inc. at any time after written notice to the customer.

Credit Card Authorization

| | | | | |
|--|------------|--------------------------------------|------------------|--------------------------------|
| Type of Credit Card (Circle): | | | | |
| VISA | MasterCard | Discover Card | American Express | Other (Specify) |
| Credit Card # | | 3 Digit Security Code (Back of Card) | | Expiration Date (Month & Year) |
| Full Name Exactly As It Appears On Credit Card | | | | |

I (we) have provided the information above for the purpose of obtaining credit with PSP, Inc. I (we) authorize PSP, Inc. to conduct a credit check on the names of the applicants listed above. I (we) authorize PSP, Inc. to automatically charge my credit card (identified above) the total amount due on my account(s). I (we) also authorize PSP, Inc. to make adjustments for errors, if necessary. I (we) authorize the Credit Card Company noted above to accept any transaction initiated by PSP, Inc. This authorization will remain in full effect until PSP, Inc. has received **written** notification by me that it is terminated. The written termination notice must provide ample time for PSP, Inc. and the Credit Card Company the opportunity to act on it.

I (we) agree to a late charge of 1.5% per month (18% per year) or \$5.00 minimum on any delinquent balances. I (we) agree to pay reasonable attorney fees and costs incurred by PSP, Inc. in the collection of any balance that I (we) have failed to pay when due. I (we) hereby grant to PSP, Inc. a security interest in any oil purchased pursuant to this agreement. I (we) give PSP, Inc. the right to enter the premises noted above without notice to repossess any product not paid for pursuant to this agreement.

X Signature of Applicant(s) _____

Tacoma **Puyallup** **Fircrest** **Olympia** **Seattle** **South King** **Toll Free**
 (253) 539-5959 (253) 845-1144 (253) 565-0232 (360) 753-0444 (206) 784-1300 (206) 246-4625 (877) 565-0232

FAX (253) 565-7676 or...
Visit Our Website @ www.pspetro.com



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