



McALLISTER...The Service Company

30 Mays Landing Road, P.O. Box 185, Somers Point, NJ 08244 (609) 927-4122 or (800) 757-4122
7116 Park Avenue, P.O. Box 1327, Pennsauken, NJ 08109 (856) 665-4545 or (800) 233-4977

Services Agreement

About You & Your Property:

Full Name(s) _____ Acct # _____

Billing Address _____ Zip _____

Telephone: (H) _____ (W) _____ Sales Person _____

Service/Delivery Address _____

Nearest Cross Street _____ Map Code _____ Zone _____

Own Rent: Owner's Name _____ Account # _____

Owner's Address _____ Telephone _____

Property Usage: Residential Commercial Source _____

About Your Equipment:

Heating Fuel: Oil Gas Electric Other _____

Furnace/Boiler Make _____ Model _____ Burner Make _____

Air Conditioning Make _____ Condenser # _____ Air Handler# _____

Water Heat Source: Tankless Coil Separate Oil-fired Gas Electric Other _____

Supplemental Heat _____ Added Equipment: Elect. Air Cleaner Humidifier

About Your Fuel Delivery:

Tank Capacity _____ Fill Location _____ Annual Gallons _____

Grade Oil _____ Inventory _____ gals Date _____

K Factor _____ Hot Water Gal _____ DDN _____ First Delivery Date _____

Automatic Delivery: Weather Controlled or Period (Days _____)

Will Order or
 Prior Name & Acct # _____

Special Delivery or Service Instructions _____

Customer Acceptance

I/we hereby authorize McAllister to supply the heating oil requirement or the service requirements at the address given above until this agreement is terminated by either party giving the other 30 days prior written notice. You may mail your delivery invoice or leave a priced delivery ticket at the time of delivery. I agree to accept that ticket as evidence of the gallons delivered.

McAllister is responsible for delivery of product to the receiving pipe or outlet designated by the customer. Customer agrees that neither McAllister, nor its employees or agents, are or shall be liable under any circumstances for any damages resulting from leaks or for the failure of the receiving tank or associated piping or any other matter. In the event that the customer wishes to discontinue service, or wishes to change, remove or otherwise alter the receiving tank, or any associated piping, customer shall notify McAllister in writing at least 10 (ten) days prior to such change. Customer agrees that the failure to notify in the manner described above shall relieve McAllister of any liability resulting from their assumptions the A: Service should be continued or B: that no change, removal or other alteration of the receiving tank and associated piping has been made.

Signature _____ Date _____

Signature _____ Date _____

Find us on the Web: www.mcservice.com

READ THE FOLLOWING DIRECTIONS
BEFORE COMPLETING THIS APPLICATION
AND CHECK APPROPRIATE BOX.

McALLISTER CHARGE ACCOUNT APPLICATION

please print and fill in entire application

1 If you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for the repayment of the credit requested, complete only Section A.

2 If you are applying for joint credit with another person or are relying on the income or assets of another person as the basis for repayment of the credit requested, complete Sections A & B, providing information in Section B about the joint applicant or other party.

| | | | | | | | | | | | |
|--------------------------|--|---------------|-------|-----------|------------|--------------|---------------------|----------------------|---------------|---------------------------|--|
| SECTION A | FULL NAME-LAST | | FIRST | MIDDLE | BIRTH DATE | | SOCIAL SECURITY NO. | DRIVER'S LICENSE NO. | | | |
| | PRESENT STREET ADDRESS | | | CITY | STATE | ZIP | # YRS | TELEPHONE NO. | | | |
| | PREVIOUS STREET ADDRESS | | | CITY | STATE | ZIP | # YRS | | | | |
| | OWNED PROPERTY ADDRESS | | | | | MORTGAGE CO. | | | | | |
| | RENTED PROPERTY: | LANDLORD NAME | | ADDRESS | | | | | TELEPHONE NO. | | |
| | PRESENT EMPLOYER | | | TELEPHONE | | | ADDRESS | | | | |
| | POSITION OR TITLE | | | YRS THERE | | | NAME OF SUPERVISOR | | | | |
| | PRESENT SALARY \$ | | PER | | # DEPS. | | | | | | |
| | PREVIOUS EMPLOYER | | | YRS THERE | | | ADDRESS | | | | |
| CREDIT REFERENCES | EMERGENCY CONTACT, NAME | | | | | ADDRESS | | | | TEL # | |
| | SAVINGS ACCOUNT - BANK NAME | | | | | ACCOUNT # | | | | | |
| | BANK CARD (VISA, MC, ETC) | | | | | ACCOUNT # | | | | | |
| | OTHER | | | | | ACCOUNT # | | | | | |
| | PREVIOUS FUEL SUPPLIER | | | NAME | | ADDRESS | | | | | |
| SECTION B | JOINT APPLICANT OR OTHER PARTY INFORMATION - Complete this section only if box 2 at top of application is checked. | | | | | | | | | RELATIONSHIP TO APPLICANT | |
| | FULL NAME-LAST | | FIRST | MIDDLE | BIRTH DATE | | SOCIAL SECURITY NO. | DRIVER'S LICENSE NO. | | | |
| | PRESENT STREET ADDRESS | | | CITY | STATE | ZIP | # YRS | TELEPHONE NO. | | | |
| | PREVIOUS ADDRESS | | | | | | | #YRS | | | |
| | PRESENT EMPLOYER | | | TELEPHONE | | | ADDRESS | | | | |
| | POSITION OR TITLE | | | YRS THERE | | | SALARY \$ | | PER | | |

In Case of Errors or Inquiries About Your Bill

Send your inquiry in writing by registered or certified mail on a separate sheet so that we receive it within 60 days after the statement was mailed to you. Your written inquiry must include: 1. Your name and account number. 2. A description of the error and why (to the extent that you can explain) you believe it is an error and, 3. The dollar amount of the suspected error. Within 90 days we will mail a written notice stating that the amount believed to be in error has been corrected or send a written notice setting forth the reasons why we believe the account was correctly shown in the statement. During this time, we may not take any action to collect disputed amounts or report disputed amounts as delinquent. You remain obligated to pay the parts of your bill not in dispute. This is a summary of your rights; a full statement of your rights and the creditors's responsibilities under the Federal Fair Credit Billing Act will be sent to you both upon request and in response to a billing error inquiry.

Notice to Applicant

I certify that I have carefully read the foregoing statement and that the information furnished is complete, true and correct to the best of my knowledge and belief. I authorize you to make such inquiries regarding the information furnished herein as may be required in connection with this application and authorize anyone to furnish it and I agree this statement shall remain your property whether or not this credit is granted. Terms of payment will be established by McAllister's credit department and a finance charge will be placed on any balance over the established terms. If equal payment plan, full payments must be received on time each month and all service bills must be paid within the terms established. If this contract is placed with an attorney for collection, I agree to pay a 33 1/3% collection charge of the balance collected for his services.

Date: _____ Signature _____ Co-Applicant _____

Office Use Only

Credit Limit: \$ _____ Days _____ COD _____ Ld/Ld _____ PBB _____

Payment Plan: Amt _____ # Payments _____ Start Mo _____ MA In Budget _____

Approved by _____ Date _____ Dev _____