

**Hometown Heating, L.L.C.**  
**P.O. Box 739, Brooklyn, CT 06234**  
**Phone (860) 779-2222**  
**Fax (860) 774-1194**  
**CREDIT APPLICATION**

CT. License #308616

**APPLICANT INFORMATION**

DATE:		
FULL NAME		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Own    Rent    (Please circle)		
CT Drivers License #		

**EMPLOYMENT INFORMATION**

Current employer:		
Employer address:		How long?
City:	State:	Zip Code:
Phone:	Fax:	Email:
Position:		

**Oil Delivery Questions**

COLOR & STYLE OF HOME?	Fill Pipe Location: FRONT, BACK, LEFT OR RIGHT (PLEASE CIRCLE)	TANK SIZE:  A standard Tank is 275 gals
Do you want Automatic delivery?		
Square Feet of home? How many people live in the home? Are any of the people children or elderly? How much fuel is in your tank now?		

**CREDIT CARDS**

**We Accept Visa, MasterCard and American Express**

Card		
Card #		
Expiration Date		
Full Name on Card		

**OFFICE USE:**


I authorize Hometown Heating LLC. to verify the information provided on this form as to my credit and employment history.

Signature of applicant	Date
Signature of co-applicant, if for joint account	Date

