

201 Briar Hill Road, Lititz, PA 17543 Phone: 717-626-7169, Fax: 888-707-3889 Email: Info@weaverenergy.com www.weaverenergy.com

PERSONAL FLEET FUELING APPLICATION

Applicant: Soc	cial Sec	
Last Name First Name Middle Suffix Phone: Email:	Cell Phone:	
Co-Applicant:	_ Social Sec	
Last Name First Name Middle Suffix Phone: Email:	Cell Phone:	
Delivery Address:		
Street Address	City Sta	•
Existing Home; Mobile Home; New Construction, Completion Date:	; 🗆 Owner, 🗆 Tenani, How	Long:
Mailing Addr.: (If different from delivery address) Street Address	City St	ate Zip Code
Previous Addr.:	City St	ate Zip Code
Landlord/Mortgage Co.:	Phone:	•
(Circle One) Name Address		
Applicant's Employer: How Low City/State	ng: Phone:	
Co-Applicant's Employer: How	v Long: Phone:	
Name City/State	C C	
PLEASE READ CAFEFULLY BEFORE SIGNINGLEAVING NO BLANKS (IF NOT APPLICA	ABLE, WRITE "N/A", IF UNKNOWN V	VRITE "UNK")
1.Weaver Energy Inc., of Lititz, Pennsylvania, and the undersigned Applicant(s) to deliver heating an basis (if indicated below). Company shall estimate the rate of consumption of fuel based on the size and other factors and shall make deliveries from time to time without being called by Applicant(s); reason, Company shall in no manner be liable for any damages, direct or indirect, resulting from the service only or will call accounts.)	e of the storage tank, size of the buildi however, if Applicant(s) storage tank	ing, the temperature, runs out of fuel for any
2.Applicant(s) shall pay all bills from Company promptly upon receipt. If payment is not made in full which is unpaid, Applicant(s) shall be deemed in default and Applicant(s) hereby authorizes Comporting law (currently in Pennsylvania the maximum permitted late/default charge is 1.50% per month on turned over to an attorney for collection, the customer shall be responsible for all attorney's fees and	any to charge the maximum late/defo unpaid balance.) In addition, if the c	ault charge permitted customer's account is
3.Company is hereby authorized to investigate all references or other information listed herein, include determination of the qualifications of Applicant(s) for an account. I (we) authorize any creditors, ba information to Company. By allowing the customer to open an account with Company, Company	nks and other references to release al	I requested account
Applicant's Signature:	Date:	
Co-Applicant's Signature:		_
Ticket should be left at which door? Special Fill Instructions:	Fill Location:	
	t time heating unit was cleaned _	
	you have central air conditioning?	
Gas Furnace Heat Pump		
□ Automatic Delivery, □ Will Call Delivery, □ Budget Payments Tank Size:	Gallons, 🛛 Interested in Se	ervice Agreement
Product(s): 🗌 Fuel Oil, 🗌 Kerosene, 🗌 On Road Diesel, 🗌 Off Road Diesel, 🗌 Gasolin	ne, \Box HVAC Service	
For Official Use Only: G OD EFT/COD C/CC ONLY Initials:	Date:	