

MICHAUD & RAYMOND OIL, INC.  
P.O. Box 3037, PEABODY, MA 01961  
PH# 978-535-2599 FAX# 978-535-0177

**CHARGE ACCOUNT APPLICATION**

(OFFICE USE ONLY: DATE ACCT. OPENED: \_\_\_\_\_ Account #: \_\_\_\_\_)

(Please print & fill in application)

AUTO DELIVERY \_\_\_\_\_ WILL CALL \_\_\_\_\_ (CHECK ONE)

**(APPLICANT)**

Name: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
Address: \_\_\_\_\_ Apt/Suite# \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Years There: \_\_\_\_\_ Rent \_\_\_\_\_ Own \_\_\_\_\_  
If renting: Landlord's Name, Address and Phone # \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(ADDITIONAL INFORMATION)**

Your Employer:: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone# \_\_\_\_\_  
Years There: \_\_\_\_\_

**(CO-APPLICANT)**

Name: \_\_\_\_\_ Soc. Sec. \_\_\_\_\_  
Employer: \_\_\_\_\_ Phone#: \_\_\_\_\_

Notice: I hereby authorize you or any credit reporting agency employed by you to investigate the references herein listed or any of the other information stated above to determine my qualifications for a credit account. I also understand that after credit established any balance remaining unpaid 30 days after billing date is subject to a finance charge at a periodic rate of 1.5% per month (18% annually). The undersigned guarantees payment of any debt or reasonable collection cost incurred.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_  
CO-APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

MICHAUD & RAYMOND OIL, INC.  
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