STOCKER HOME ENERGY SERVICES

236 BOSTON STREET – TOPSFIELD, MA 01983 – 978-535-5180

CREDIT CARD FORM



Customer name (please print)		Email address	
Cardholder Name			
Cardholder Billing Address			
City	State	Zip Code	
Credit Card Number		Expiration Date	
Cardholder Signature		Date	
be applied following the delive to the payment terms set forth	ery or service date an on the Credit Applic	pply charges to my credit card. I und and the receipt will be emailed/mailed cation and have signed this agreement	to me directly. I agree t.
advance.	ss service is discontir	nued through written notice to Stocke	r Oil at least 30 days in
Please notify Stocker	Oil of any changes	to your card number or status as se	oon as possible.
Please choose one option:			
Please use my	card for all fuel deliv	veries & service.	
Please use my	card for my Budget*	payments & service.	

Return this form to Stocker Oil via mail, fax 978-561-1634, or email info@stockeroil.com

*Must be enrolled in approved Budget plan.

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E-CHECK PAYMENT FORM

Customer name (pleas	se print)	Email address	_
Account Holder Name			_
Account Holder Billing	Address		_
City	State	Zip Code	_
Routing Number	Account Number	Account Type (Checking/Savings/Busin	 ness Checking)
Bank Name			
Account Holder Signa	ture	Date	_
will be applied followagree to the paymer	wing the delivery or service dannet terms set forth on the Credit A	oply charges to my bank account. I underst te and the receipt will be emailed/mailed to application and have signed this agreement ared through written notice to Stocker Oil at	to me directly. I
Please notify S	tocker Oil of any changes to y	your account number or status as soon	as possible.
Please choose one	option:		
Pleas	e charge my account for all fue	I deliveries & service.	
Pleas	e charge my account for month	ly Budget* payments & service.	

Return this form to Stocker Oil via mail, fax 978-561-1634, or email info@stockeroil.com

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