

Tilghman Oil Company

121 Columbia Rd | P.O. Box 3364
Salisbury, MD 21802
Phone: (410) 548-WARM | Fax: (410) 548-2359
Website: www.tilghmanoil.com

Customer Information & Credit Agreement

Applicant Information

Name: _____ Telephone #: _____

Mailing Address: _____

Billing Address: _____

Previous Address: _____

Date of Birth: _____

Social Security #: _____

Employment Information

Employer: _____ Years Employed: _____

Employer Address: _____

Employer Phone #: _____

Co-Applicant Information (if applicable)

Name: _____

Date of Birth: _____

Social Security #: _____

Co-Applicant Employment Information

Employer: _____ Years Employed: _____

Employer Address: _____

Employer Phone #: _____

Service Details

Type of Heat: Hot Air Hot Water - Number of Rooms to Heat: _____

Fuel Type: Fuel Oil Kerosene Other: _____

Tank Location: Above Ground Underground - Tank Size: _____

Delivery Preference: Automatic Delivery Call-In Delivery

Payment Plan: 30-Day Account Budget Plan Account

Agreement & Terms

I understand that bills will be rendered after delivery and will be due thirty days (30) from delivery unless your account is set up to be billed bi-monthly. Bi-monthly billing is done the 15th and the last day of the month. A two percent (2%) per month twenty-four percent (24%) finance charge will be applied to all past due balances. I further understand, acknowledge and agree that should my account be referred to a third party for collection, that I will be responsible for all collection fees including reasonable attorney's fees in the amount of thirty-three and one-third percent (33.3%) of the balance due and owing plus all court costs expended in the collection of this indebtedness. Jurisdiction and Venue: if any suit must be filed to collect an unpaid balance on an account, patient (or customer) and/or guarantor, agrees that such suit may be brought in courts of Wicomico County, Maryland, and waives and objection to jurisdiction or venue.

Signatures

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

**Please send completed application to ashley@tilghmanoil.com .
Call the office at 410-742-7232 for assistance.**