

446 John Joy Road, Woodstock, NY 12498 **Phone**: (845)246-3835 • **Fax**: (845)810-7615

www.ABCFuels.com

Thank you for your interest in doing business with us. We are a very small company and pride ourselves on knowing our customers and providing excellent, timely service at a fair price. We offer auto fill, budget plans and will call service as well as accepting HEAP and Citizen's Energy. We accept cash, personal checks, MC and VISA. We are members of the UC Chamber of Commerce and have been serving northern Ulster and southern Greene County for a decade.

If you have any further questions please do not hesitate to call the office. Thanking you in advance for your consideration.

Sincerely yours,

Ray Cullen, President

Roberta Jackson, Administrative Manager



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Automatic delivery is an agreement between ABC fuel, Inc. and you, the customer to bring oil on a consistent basis, upon credit approval. This service gives an opportunity for you to have security in knowing you will not run out of fuel.

Automatic Delivery Application Terms:

- 1. Customer agrees to send the payment within fifteen days from delivery. All payments made within five days will receive a 5 cent per gallon discount.
- 2. Any accounts unpaid after 30 days may be charged to the customer's credit card.
- 3. Any unpaid accounts are subject to collection. The customer is responsible for any collection fees or court and legal fees associated with the collection of unpaid accounts.
- 4. All accounts not paid within 30 days are subject to a 18o/o APR from the date of delivery.
- 5. Any unpaid accounts for thirty days may void this agreement. ABC is not responsible for run-outs due to non-payment. A second delivery will not be made if there are any fees uncollected from previous deliveries.
- 6. This agreement will remain valid unless ABC cancels or the customer cancels in writing.
- 7. All information on this agreement must be valid. Any false information will void this agreement.

I agree to the terms stated above:	
Signature	Date of Agreement
Print Name	_



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Credit Application for Automatic Delivery

Name:	SS	S#
Other Name: Spouse/Partner		
Address:		
City:	State:	Zip Code:
Are you employed? ☐ Yes ☐ No	Employer:	
Bank Reference:		
Name of Bank:		
Checking and/or Savings ☐ Yes ☐	No	
I hereby certify that the information coinformation has been furnished with the amount and conditions of the creoprovided is for the protection of ABC delinquent.	he understanding that i	t is to be used to determine derstand that the information
Signature of Custome		 Date



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Credit Card Authorization

Name of Customer:	
Name on Card (if different):	
Property Address:	
Mail Address:	Zip Code:
Telephone Number:	E-Mail:
Credi/Debit Card: ☐ Visa ☐ MasterCard	□ Discover
Card#	
Expiration Date: Month Year	-
Security Code:	
Select ONE of the following options:	
☐ I wish to have all charges paid with my cr☐ I wish to have Budget Plan payments pai	
I understand my payment will automatically be t account. I authorize my creditbank to make thes	•
I understand and agree to all terms listed above	

Date

Signature