



Service Since 1947

# OIL, HEATING & AIR CONDITIONING

FUEL OILS, GASOLINE, KEROSENE

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www.bainonline.com

## RESIDENTIAL CUSTOMER APPLICATION

**PLEASE PRINT OR TYPE:**

DATE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
SS #: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOW LONG AT THIS ADDRESS? \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
MOBILE #: \_\_\_\_\_ BEEPER: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
HOW LONG AT THIS JOB?: \_\_\_\_\_

**BILLING ADDRESS IF DIFFERENT:**

STREET: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_

**IF JOINT APPLICATION PLEASE COMPLETE:**

NAME: \_\_\_\_\_  
SS #: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?** \_\_\_\_\_

Applicant(s) consents to a credit check based upon the information provided on this application for the purpose of extending credit. Applicants further understand that the terms of this agreement will begin on the date of acceptance by Bain Oil Co., Inc. and will continue until either party terminates the agreement in writing. Our automatic delivery customers agree that use of this service does not nullify their responsibility to see that they have an adequate supply of fuel on hand. We expect payment each month and will apply a finance charge of 1 1/2% per month (18% annually) on a monthly basis to any balance remaining unpaid over 30 days. Our customers agree to pay all reasonable collection and attorney's fees if legal proceedings become necessary to enforce collection.

APPLICANT #1: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT #2: \_\_\_\_\_ DATE: \_\_\_\_\_

**APPLICATION WILL NOT BE PROCESSED WITHOUT A SIGNATURE**

**LANDLORD (IF TENANT):**

NAME: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

**PREVIOUS ADDRESS:**

STREET: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ HOW LONG: \_\_\_\_\_

**NEAREST RELATIVE NOT LIVING WITH YOU:**

NAME: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_

**TYPE OF DELIVERY:**

AUTOMATIC REFILL       JULIAN

**TANK LOCATION:**

ABOVE GROUND       BELOW GROUND

**TYPE OF OIL:**

FUEL OIL       KEROSENE