
Residential Credit Application



Home Heating Oil Credit Application

*Use Adobe Reader 11 or higher, fill-out form and save. If you do not have Adobe Reader
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**APPLICATION FOR CREDIT
CHARDON OIL COMPANY, INC.**

**420 WATER ST. CHARDON, OH 44024-1208
(440) 285-7711**

**1590 W. JACKSON ST. PAINESVILLE, OH 44077-1310
FAX: (844)269-6443**

(440) 357-6762

NAME: _____ DATE OF BIRTH: _____

SPOUSES NAME: _____ DATE OF BIRTH: _____

SOCIAL SECURITY#: _____ SPOUSES SOCIAL SECURITY#: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

TELEPHONE NUMBER: HOME: _____ WORK: _____

HOW LONG AT ABOVE ADDRESS: _____ OWN OR RENT? _____

NEAREST RELATIVE: NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

EMPLOYMENT INFORMATION:

COMPANY NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

TYPE OF EMPLOYMENT: _____ HOW LONG: _____

SPOUSES EMPLOYMENT _____ POSITION: _____

PREVIOUS FUEL SUPPLIER: _____ TYPE OF FUEL: _____

TANK SIZE: _____ IS HOT WATER HEATED BY OIL? _____

LOCATION OF FILL FOR TANK: _____

TYPE OF DELIVERY: _____ (CHOICES ARE **AUTO** OR **WILL-CALL**. IF AUTO FILL IS DESIRED ALL DELIVERIES MUST BE FILL-UPS AND YOU WILL BE RESPONSIBLE FOR PAYMENT OF ANY DELIVERIES MADE UNTIL OUR OFFICE IS NOTIFIED TO DISCONTINUE AUTO-FILL SERVICE.)

DIRECTIONS TO HOUSE: _____

SIZE OF HOUSE: (TYPE OF HOME, SQUARE FOOTAGE, AND NUMBER OF ROOMS FOR AUTO-FILL) _____

BY SIGNING BELOW I AGREE TO PAY MY ENTIRE BALANCE BY THE 15TH OF THE MONTH FOLLOWING PURCHASE. I AGREE TO PAY A FINANCE CHARGE OF 1 ½% PER MONTH IF MADE AFTER THE 15TH FOR A TOTAL APR OF 18%

SIGNATURE

SPOUSES SIGNATURE

IF APPLICATION IS FAXED IN THEN THE ORIGINAL COPY MUST STILL BE SIGNED AND MAILED BACK TO US.

THANK YOU FOR CHOOSING **CHARDON OIL COMPANY** FOR ALL YOUR FUELING NEEDS.

Save PDF below.

Email completed form to our company below.

OR

*Fax completed form to us at **(844)269-6443***