Crowley Energy

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DELIVERY INFORMATION SHEET

Customer Information

Name _____ Date _____

Billing Address _____

Delivery Address _____

Phone # _____ Cell # _____ Work # _____ Pager # _____

DOB _____ SS # _____ Employer _____

Names of those authorized to use this account:

Name _____ Relationship _____

Name _____ Relationship _____

Do you own or rent your home? OWN RENT How long have you been at this residence? _____

Landlord's Name (if applicable) _____ Phone # _____ Cell # _____

Delivery Information

Number of rooms being heated: ___ Number of people in household: ____ House Color _____

Is your home ___ Single Family ___ Duplex ___ Apartment Building ___ Mobile Home

Type of heating system: ___ Forced Hot Water (baseboard) ___ Forced Hot Air (registers in floor)
___ Steam (radiators) ___ Monitor

Type of fuel: ___ #2 oil ___ K-1 ___ Additive

Approx amount currently in tank ___ ¼ full ___ ½ full ___ ¾ full ___ Full ___ Other

Type of hot water system: ___ Domestic (heated off furnace) ___ Oil fired Hot Water Heater
___ Electric ___ Natural Gas ___ Propane

Tank size: ___ 275 ___ 330 ___ Other Number of tanks ____ If more than one tank, piped together? YES NO

Location of tank: BASEMENT OUTSIDE OTHER _____

Location of fill pipe when standing in the street facing your home: FRONT REAR LEFT RIGHT

Directions to your home using the nearest major crossroad: _____

_____

_____

_____

_____

Account # _____