

Holliston Oil Service, Inc.

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New Customer Form

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Approximately how many gallons did your home use last heating season? _____

Date Burner Last Cleaned: _____

Do you OWN ____ or RENT ____ (have to call landlord for approval)

Landlord Name and #: _____

Do you prefer to be (*Check one*) ____ Auto Delivery or ____ Call

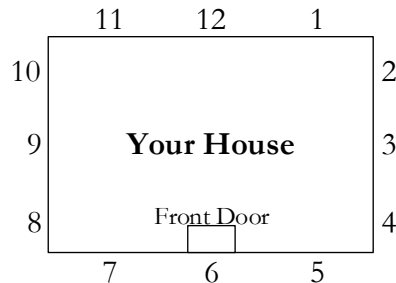
Is your oil burner used for (*Check one*) ____ Heat Only or ____ Heat & Hot Water

Tank Size _____ How Much Fuel Is Currently In Tank: _____

When do you need your first oil delivery from us? _____

Referred By: _____

Note: _____



On the diagram, please circle the number corresponding to where the oil fill is located.

Office Use Only

Customer Number: _____

Zone: _____

Discount Rate: _____

Search Codes: _____

Budget? : _____