

Applicants Name	Home Phone	Work Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address	City	State	Zip
<input type="text"/>			

Drivers License #	SSN/EIN	Tax Exempt #
<input type="text"/>	<input type="text"/>	<input type="text"/>

Occupation	Time Employed	Employer's Name, Address, and Phone #
<input type="text"/>		

References (Those where you are presently on a charge basis).

	Name	Address	Phone #	Account #
1				
2				
3				

PLEASE NOTE:

For an account with *Mt. Blue Agway, LLC* please complete section A.

For an account with *Mt. Blue Oil, LLC* please complete section B.

For an account with *Mt. Blue Agway, LLC AND Mt. Blue Oil, LLC* please complete sections A **AND** B.

A PLEASE NOTE:

Complete this section only if you are applying for an account with *Mt. Blue Agway, LLC*

	Account Contact's Name	Contact's Phone #	Contact's E-mail Address
1			
2			

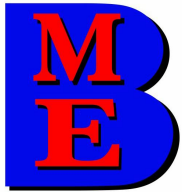
iNet Account Requested:

Suppress Paper Statements:

Note: Only individuals on the list below will be allowed to sign on account slips. Until cashiers get to know the individual they may require a photo ID with signature.

Individuals authorized to sign on account:

1	6
2	7
3	8
4	9
5	10



B PLEASE NOTE:

Complete this section only if you are applying for an account with *Mt. Blue Oil, LLC*

Product Type (Check **ONE**): #2 Fuel Oil Kero K-1 Diesel

(For Monitors)

Total Tank Size:

Number of tanks on this fill:

Does your hot water heater run on oil? Yes No

Where would you like the driver to put the ticket?

What color is your house?

Please give our driver clear instructions to your house. Include street names, house numbers, landmarks, side of street, and any other information needed.

Please choose your program (Check **ONE**):

Automatic Delivery Will-Call Delivery Prebuy Budget

Please read the following statement and sign below. **Note by signing you agree to all terms stated in the following statement.**

I/ We the applicant(s) for credit, authorize you to obtain such information, both personal and business, as you may require, from references and employer given in this application which is furnished by me/ us for the purpose of obtaining credit. I/ We certify that this application has been accurately completed and represents current data. If this application is approved and credit is extended to me/ us, I/ we agree to pay according to terms agreed to. I/ We agree to pay service charges at the rate of 1.5% per month (18.0% per annum) should my/ our balance exceed thirty days and to pay all costs of collection, including reasonable attorney's fees. I/ We understand that should my account go over sixty days you reserve the right to stop deliveries and services.

Authorized Signature _____ Date _____ Title _____

FOR OFFICE USE ONLY

Agway Account #[] Oil Account #[] App By[] Prepared By[]