

## AUTOMATIC DELIVERY

Thank you for considering Cenco Oil's [Automatic Delivery Plan](#) for the 2017-2018 heating season. The goal of our Automatic Delivery is:

1. The conveniences of not having to monitor your own tank and avoid running out of oil.
2. You the customer would not have to worry about being home to pay the driver. As you do with other C.O.D. companies.
3. We now have a Service Dept. for your convenience. For Service please call 1-888-236-2665.

## TERMS AND CONDITIONS

1. Payment terms are Credit Card or Prepay basis. If Credit Card is held as security only, delivery must be paid within 10 days.
2. We will charge our C.O.D. price the day of delivery if paid by Credit Card. Otherwise, a .10 per gallon charge will be incurred. If payment is made within 10 days, you may deduct the additional .10 per gallon charge.
3. Any non-payment or returned check will void this contract. Deliveries will be suspended until this is corrected.
4. At the end of the heating season, May 31, 2018, any credit balances will automatically be applied to the next season unless otherwise instructed by you.
5. Contract pertains to address listed only.
6. If you have a prepaid account and there is not enough to cover your deliveries, we will adjust your delivery accordingly. We will make every attempt to contact you although no delivery will be made without prior payment arrangement.
7. If for any reason your fuel usage has increased (i.e. more people living in your home, construction or anything else that could alter your usage) it should be reported to us immediately.

**AUTOMATIC DELIVERY**

Name \_\_\_\_\_ Spouse's \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone #1 \_\_\_\_\_ Home Phone #2 \_\_\_\_\_

Business Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Emergency Phone # \_\_\_\_\_

Name, Phone and Address of Landlord \_\_\_\_\_

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Do you heat your water with heating oil? Yes / No

Fill Location \_\_\_\_\_

Tank Size \_\_\_\_\_

Special Fill Instructions \_\_\_\_\_

Visa/Master Card/Discover # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date \_\_\_\_\_ - \_\_\_\_\_ CVV# \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License # and State \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE KEEP PAGE 1 FOR YOUR RECORDS**