

100 Northampton Street, Easthampton, MA 01027 | 413-527-4840 | info@cernakfuel.com

CUSTOMER NAME		DATE OF BIRTH		
CUSTOMER DELIVERY ADDRESS			OWN/RENT_	
CELL PHONE HOM	E PHONE	WORK PI	10NE	
EMAIL ADDRESS				
MAILING ADDREES (IF DIFFERENT)				
PREVIOUS ADDRESS IF LESS THAN ONE (1) YEAR				
EMPLOYER NAME	ADD	RESS		
POSITION	NUMBER OF YE	EARS EMPLOYED	FULL TIME: YES	_ NO
MILITARY STATUS (IF APPLICABLE): ACTIVE DUTY	RESERVES	_ VETERAN		
NAME, ADDRESS, AND PHONE # OF NEAREST RELATIVE				
MARRIED: YES NO SPOUSE'S NAME		D <i>i</i>	ATE OF BIRTH	
SPOUSE'S CELL PHONE				
EMAIL ADDRESS				
SPOUSE'S EMPLOYER NAME	AC	DRESS		
POSITION	NUMBER OF	YEARS EMPLOYED	_ FULL TIME: YES	NO
MILITARY STATUS (IF APPLICABLE): ACTIVE DUTY	RESERVES	_ VETERAN		
By signing below, customer confirms that all in He/she authorizes Cernak Fuel Corporation to and/or national credit reporting agencies. He/s All invoices are due 30 days from the invoice da rate of 1 ½% per month (18% annually). With a the collection costs and reasonable attorney's fe	verify information from she further agrees to C ate. Any unpaid balance any unpaid balance rem ees.	m sources provided an ernak Fuel Corporation e remaining after 30 d paining after 90 days, th	nd to obtain informan n terms of sale, as de ays will accrue a serv ne customer shall be	tion from local escribed herein: vice charge at a responsible for
Customer Signature				
Customer social security number	Spou	_ Spouse's social security number		
Date	Date	<u>!</u>		