



PARAGON OIL CO. 1274 49 Street, Suite 99. Brooklyn, NY 11219 Phone: 718-252-9000  
ORDER OIL AT: order@paragonoilco.com WEB: www.paragonoilco.com FAX: 718-703-1003

**A: ALL NEW ACCOUNTS APPLICATION:**

Customer Name: \_\_\_\_\_  
 Last First Middle  
 S.S. # \_\_\_\_\_ Driver license # \_\_\_\_\_ State \_\_\_\_\_  
 Home phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Work phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_  
 Home address \_\_\_\_\_  
 Delivery address \_\_\_\_\_  
 Between/Corner \_\_\_\_\_ and \_\_\_\_\_  
 Tank Size \_\_\_\_\_ Oil # \_\_\_\_\_ Number of families \_\_\_\_\_

Please open an account for me. I personally guarantee all payments. Terms of all products and services sold are at most, Net 15 Days from Date of Delivery. The undersigned also agrees to all the following: all charges for fuel oil, delivery fuel oil surcharge, parts and service will be paid promptly and in the event of any breach/default /nonpayment past due balance, the undersigned hereby agree to pay legal, administrative and collection fees and interest at the highest rate allowed by law on the past due balance. I shall lose any discount rate and I shall pay non-discount rates. I authorize Paragon Oil to run a credit report at any time. I authorize Paragon Oil to file a UCC -1 Form. I authorize Paragon Oil Co and its agents to electronically debit my/our bank account for amounts due.

All authorizations shall remain in full force and effect until company has received written notification from me of its termination in such a time and manner as to afford the company a reasonable opportunity to act on it .

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Sign Print Name Date

**ADDITIONAL INFORMATION:**

Summer deliveries? Yes \_\_\_ No \_\_\_ Automatic deliveries ? \_\_\_ or -I will call as needed \_\_\_  
 Is your oil used for hot water? Yes \_\_\_ No \_\_\_

FILL LOCATION: \_\_\_\_\_ Has V.A. ? \_\_\_\_\_  
 Gate key? \_\_\_\_\_  
 Boiler RM. Key with: \_\_\_\_\_

Super name: \_\_\_\_\_ APT.# \_\_\_\_\_ TEL # \_\_\_\_\_

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_

**B: CUSTOMERS WHO WISH TO BE BILLED OR CREDIT CARD PAYMENT:**

(1) Credit Card # \_\_\_\_\_ Expire date \_\_\_\_\_

Please fill out " Credit Card Authorization Form # 3