



# Coastal Mountain FUELS

(CR-92 Holdings Ltd.)

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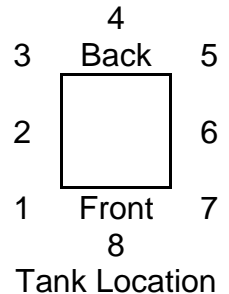
**PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Box # \_\_\_\_\_  
City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Email address: \_\_\_\_\_ Fax# \_\_\_\_\_

Years at present Address: \_\_\_\_\_ Own Home \_\_\_\_\_ Renting \_\_\_\_\_  
SIN # \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Bank Branch: \_\_\_\_\_  
Credit Cards: \_\_\_\_\_  
Employed By: \_\_\_\_\_ Number of years \_\_\_\_\_  
Position: \_\_\_\_\_

Inside Tank: Y / N (circle one) Oil Hot Water Y / N (circle one) Fuel Tanks Size \_\_\_\_\_  
Regular Delivery: Yes \_\_\_\_\_ No \_\_\_\_\_  
Stove Oil \_\_\_\_\_ Furnace Oil \_\_\_\_\_ ThermoClean \_\_\_\_\_



Budget Plan (please ask for details at the office) Y / N (circle one)  
**(We will determine monthly budget payment amounts)**

Automatic Credit Card Billing (please ask for details at the office) Y / N (circle one)

Automatic Bank Withdrawal (please ask for details at the office) Y / N (circle one)

I accept your offer to supply my entire requirements of Home Heating Oil and agree to make payment within 30 days after purchase. I also agree that Coastal Mountain Fuels may make such investigations of my credit standing as are deemed necessary at any time including obtaining a consumer report from a Consumer Reporting Agency and may exchange such credit information. **Interest** will be charged at a rate of **2% per month compounded monthly** which is equivalent to **26.82% per annum** to be imposed on purchases included in the New Balance when the entire New Balance is not paid in full within **30 days** after the closing date of the billing cycle. Payment before the end of this 30 day "grace period" allows you to avoid interest on purchases for the billing cycle. If you do not pay within the grace period interest will accrue from the date of purchase. Coastal Mountain Fuels reserves the right to limit or withdraw credit at any time at its discretion and to alter the rate of credit charge payable on unpaid balances.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year