



Coastal Mountain FUELS

(CR-92 Holdings Ltd.)

Home Heating Credit Application and Agreement

1720 Maple St. Campbell River, BC V9W 3G2 Phone: 250-287-4214 Fax: 250-287-7880

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: _____

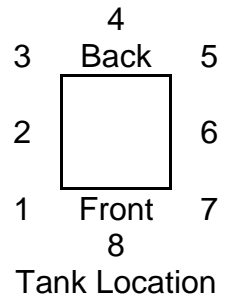
Employed By: _____ Number of years _____

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