



East River Energy

Your Energy Partner

401 Soundview Road * P.O. Box 388 * Guilford, CT 06437
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LICENSE #HOD 312 **RETAIL CREDIT APPLICATION AND AGREEMENT** Date: _____

Name: _____ Telephone: _____ EMAIL: _____

Billing Address: _____ Town: _____ Zip: _____

Delivery Address: _____ Town: _____

Do you own? Yes No Do you rent? Yes No S.S.# _____

Name Appearing on Title of Home: _____

Prior Address: _____ How Long At Current Address? _____

Employed By: _____ How Long? _____ Work/Cell Phone: _____

How did you hear about us? _____ Former Supplier: _____

Have you ever been a customer of East River Energy _____ If yes, under what name? _____

Your Heating System (Completing the section helps us calculate your deliveries more accurately)

How do you heat your home? Hot Water (Baseboard) Forced Hot Air (Via Ducts) Hydro Air

How do you heat your hot water? Oil Propane Electric Natural Gas

Are you interested in the following: Service Contract Yes No

Do you have Central Air Conditioning? Yes No

Do you have a Pool? Yes No Pool Heater? Yes No How is Pool Heated? Oil Propane Other _____

Tank size? _____ How many tanks? _____ What is your current tank reading? (%) _____

Tank Location: Outside Underground Basement Garage

Where is your fill pipe located _____
(Describe as if you were facing your home. Please add any special instructions regarding delivery.)

Type of Delivery? Automatic Will Call Estimated Annual Consumption: _____ Square Footage of Home _____

Representations: I, the Applicant, represent to you, East River Energy, Inc., and your successors and assigns, that the information in this application is true and correct. I acknowledge that you are relying on the accuracy of this information in making your decision to extend credit to me.

Terms: I agree to pay for all product and services I buy from you within 30 days of the invoice date. If we have a separate contract I will pay according to the terms of that contract. If I fail to keep my account current I will pay interest at the rate of 18% per year and pay all costs of collection including reasonable attorney's fees. You may also discontinue deliveries or switch me from "Automatic Delivery" to "Will Call" status.

Credit Verification: I authorize you to verify my credit.

Credit Limit: I agree that you may discontinue all deliveries and service to me if I exceed the credit limit you establish for me.

Checks: I will pay a \$30.00 fee for any checks I give you that are returned by your bank.

Date: _____ Signature: _____

*****For Office Use Only*****

Date: _____ Credit Approved By: _____

Acct No: _____ Credit Limit: _____ Delivery: Auto _____ Will Call _____