

Bourne's Inc.

171 Bridge Street • P.O. Box 547 • Morrisville, VT 05661

17 North Main Street • Waterbury, VT 05676

Morrisville (802) 888-2611 • Waterbury (802) 244-8667 • Hardwick (802) 472-5858

(800) 326-8763 • Fax (802) 888-6387

Account #

Applicant Information

Applicant Name		SSN	Date of Birth	License Number
Billing Address				Apartment #
City		State		Zip
Home Phone	Cell Phone	e-mail Address		
Work Phone	Fax	May we contact you at work? Yes / No		
Employer				How long (years/months) /
Employers Address			Phone	
City		State		Zip

Co-Applicant		SSN	Date of Birth	License Number
Billing Address				Apartment #
City		State		Zip
Home Phone	Cell Phone	e-mail Address		
Work Phone	Fax	May we contact you at work? Yes / No		
Employer				How long (years/months) /
Employers Address			Phone	
City		State		Zip

CONSENT

I (We) hereby give my (our) consent to have Bourne's Inc obtain any and all information regarding my (our) employment, checking, and/or savings accounts, credit obligations and all other credit matters, which they may require in connection with my (our) application for credit.

I understand that a consumer report prepared by a consumer reporting agency may be obtained at the time I apply for my account and, if my account is approved, at any time after that. I have the right at any time to ask Bourne's Inc whether a report was obtained and, if so, to have Bourne's Inc furnish me with the name and address of the consumer-reporting agency that prepared the report.

THIS FORM MAY BE REPRODUCED AND THAT COPY SHALL BE AS EFFECTIVE AS THE ORIGINAL CONSENT, which I (we) have signed.

Applicant Signature

Applicant Signature

I am (We are) aware that the assigned Credit Bureau may call me (us) to clarify information obtained in my (our) application or credit history(ies) in order to expedite the processing of the credit application. I (We) can be reached at the following telephone number(s) during the day.

Name

Phone Number

From

To

Name

Phone Number

From

To

FOR OFFICE USE ONLY

Credit Approved	Yes	No	Approval Date	_____ Approved by	Account #	_____
Credit Code	A	B	C	Credit Limit	\$	_____
				Terms		_____

The application process may be delayed if the application is not completed in its entirety.

Delivery Address		
City	State	Zip

Driving Directions

Applicants Previous Address	Apartment #	
City	State	Zip

Former Supplier	Phone #
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Do you own or rent your home? Own Rent (If you rent please fill out the Landlord Contact Information section below.)

Type of home Single Family Home Mobile Home Apartment Commercial Building Condo Duplex

Landlord Contact Information

Landlord Name		
Address		Apartment #
City	State	Zip
Home Phone	Cell Phone	e-mail address

System Information

Service: Residential Commercial

Type of System: Hot water Steam Warm Air

I (We) heat my (our) home with Oil Kerosene

I (We) heat my (our) water with Oil Kerosene Propane Gas Electricity

Gallons Used Per Year _____ Date of Last Cleaning _____

Make of Furnace _____ Maker of Burner _____

Would you like Automatic Delivery? No Yes **(Available only to credit approved customers)**

Tank Information

Tank Size 275 550 1000

Fill Pipe Diameter 1 ¼" 1 ½" 2"

Vent Alarm Yes No

The last time our tank was filled was _____ and we have _____ amount of gallons now.

Our tank is located: _____ (e.g. basement, outside) The fill pipe is located: _____

Please note:

- **First delivery will need to be paid for at or before the time of delivery.**
- **All tenants are required to pay a security deposit.**
- Credit terms are 30 days for approved open accounts. Budget Plans are also available.
- Minimum delivery is 150 gallons or fill of tank; whichever is less.
- A Special Trip Charge will apply for after-hours calls and off schedule deliveries.
- Customer must provide a safe and adequate driveway.
- Location of the tank must be within 100 feet of where delivery truck can park safely
- Customer must keep tank and/or fill pipe free of snow and ice, and provide access path.
- Yearly usage fees apply to propane accounts using less than 50 gallons annually.
- Removal Fee will apply for removal of propane equipment.

I (We) understand that 1 ½ % service charge per month will be charged to the customer on any amount owed over 30 days. If it is necessary for our company to incur collection costs for any amount due under this agreement, the undersigned herewith promises to pay any additional collection costs including reasonable attorney's fees.

Applicant's Signature _____ Date: _____

Co-applicant's Signature _____ Date: _____

The application process may be delayed if the application is not completed in its entirety.