

Parkway Oil Co. Inc. Automatic Form

If you would like to enroll in our automatic delivery, please fill out this form and return by

- Mail to: 30 Stagg Street, Stratford, CT 06615
- Visiting our office
- Faxing : 203-336-1473
- Emailing us at ParkwayOilCo@gmail.com

Please enroll me in the automatic delivery program. I understand that the credit card I have provided below will be charged the day of delivery. Parkway Oil Company, INC is not responsible for my oil tank running out of oil if my credit card is declined or expired. I understand if I would like to be removed from the automatic delivery program, I must notify Parkway Oil Company, INC in writing. Upon signing this application, you, the customer, permit Parkway Oil Company, INC to fill your tank(s) and charge the credit card as specified on this application for the fuel oil delivered. Your delivery ticket is your receipt. I understand that each delivery will be at Parkway Oil Company, INC's price for that day.

FOR ACCURACY IN DETERMINING YOUR FUEL CONSUMPTION, PLEASE PROVIDE THE FOLLOWING :

What size Tank?

Size of your home?

What is the oil used for?

275 ___ 550 ___

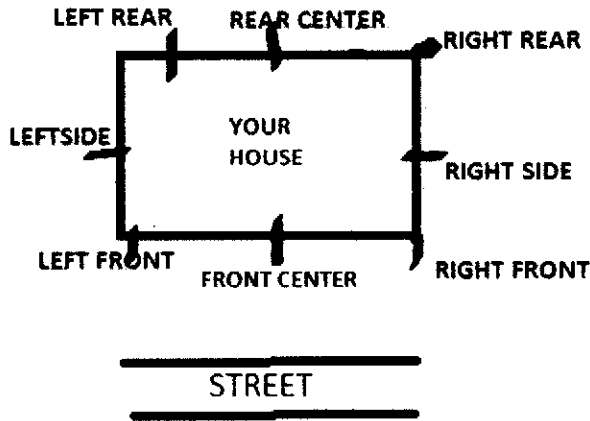
Square Feet ___

Heat ONLY ___

330 ___ 1000 ___

Hot Water ONLY ___

Heat AND Hot Water ___



Standing in the street, facing your front door, please mark the closest location to where your fill (where the driver delivers oil) is located.

Name: _____

Address: _____ City _____ TELEPHONE _____

Email Address: _____

SIGNATURE: _____

VISA MASTERCARD DISCOVER AMERICAN EXPRESS(AMEX)

EXPIRATION DATE: _____ SECURITY CODE: _____ BILLING ZIP CODE: _____

CREDIT CARD#: _____