

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 St, 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 prior to my delivery. Parkway Oil Co. 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 Co. In. in writing. Upon signing this application, you, the customer, permit Parkway Oil Co. Inc. to fill your tank(s) and charge the credit card as specified on this application for fuel oil delivered. Your delivery ticket is your receipt. I understand that each delivery will be at Parkway Oil Co. Inc. price for that day.

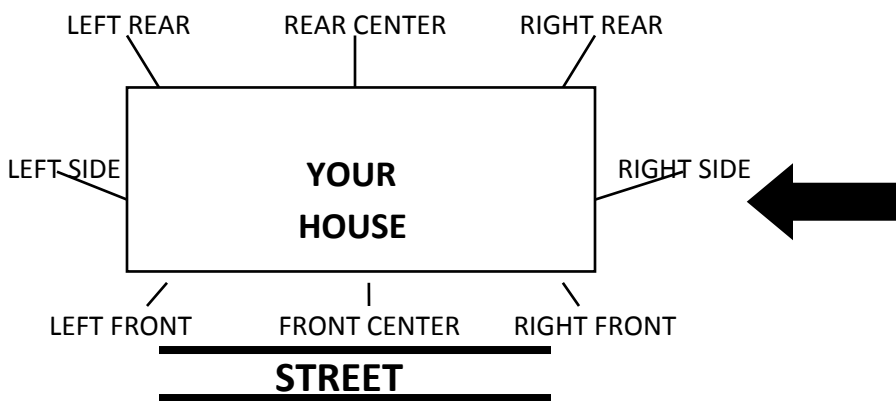
FOR ACCURACY IN DETERMINING YOUR FEUL CONSUMPTION, PLEASE PROVIDE THE FOLLOWING INFROMATION :

Tank size?	Size of your home?	What is the oil used for?	Color of home?
275___ 330___	Square Feet _____	Heat ONLY___	_____
550___ 1000___		Hot Water ONLY___	
		Heat AND Hot Water ___	

Is It OK To Use Driveway?

YES ___
NO ___

What Is Your Cross Street or Closest MAIN Road?



STANDING ON THE STREET
FACING YOUR DOOR,
PLEASE MARK THE CLOSEST
LOCATION TO WHERE YOUR
FILL (WHERE THE DRIVER
DELIVERS OIL) IS LOCATED.

NAME: _____
ADDRESS: _____ CITY: _____ TELEPHONE: _____
EMAIL: _____
SIGNATURE: _____
CREDIT CARD # _____

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