

# 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. Inc. 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 until canceled by customer. 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 :**

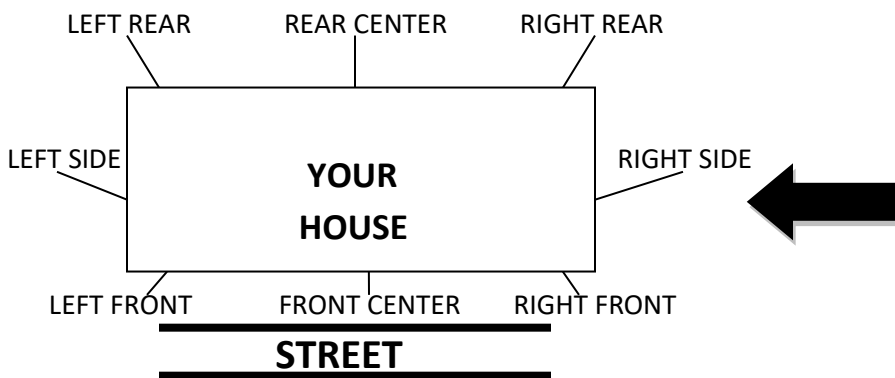
Tank size?	Size of your home?	What is the oil used for?	Color of home?
275___ 330___	Square Feet _____	Heat ONLY___	_____
550 ___ 1000___		Hot Water ONLY___	
		Heat AND Hot Water ___	

**Is It OK To Use Driveway?**

YES \_\_\_  
NO \_\_\_

**What Is Your Cross Street or Closest MAIN Road?**

\_\_\_\_\_



STANDING ON THE STREET FACING YOUR FRONT 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: \_\_\_\_\_

**HOD#000092**