



17 Brook Street - Bristol, CT 06010
860.589.HEAT - 860.582.5666 - 203.699.0099
Fax: 860.589.4242 - www.power-fuels.com

AUTOMATIC / WILLCALL APPLICATION FOR CREDIT (AWAC)

CUSTOMER INFORMATION

Date _____
Last _____ First _____ Phone _____
Address _____ City _____ State _____ Zip _____
Product/Fuel _____

CREDIT INFORMATION

Applicant Name _____ Co-Applicant Name _____
Present Residence _____ How Long? _____
Former Residence _____ How Long? _____
Applicant's Employment _____ How Long? _____
Co-Applicant's Employment _____ How Long? _____
Bank Name _____ Mortgage Yes ___ No ___
Credit References _____

SS# or valid Visa/MasterCard/Discover/Dinner's _____ (exp.) _____ (sic.) _____

I understand a finance charge of 1.5% per month (18% per year) will be added to any balance after 30 days. It is understood and agreed by me, that if for any reason the accounts to which this application shall apply become past due and necessitate the expense of collection, I, as part consideration for the granting of the privilege to charge, promise to pay all reasonable expenses and attorney's fees incurred by the creditor in any proceeding for the collection of the debt. Terms are subject to change without notice.

Additional Information _____

Type Of Account (Office Use Only) 30 Day Credit ___ Budget ___ C.O.D. ___

Customer Agreement: Everything that I have stated in this application is correct to the best of my knowledge. I understand that upon approval for credit you will retain this application, and if denied credit, this form will be destroyed. You are authorized to check my credit and employment history. I agree to the terms and conditions set forth.

REPRESENTATIVE _____ APPLICANT SIGNATURE _____