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AUTOMATIC / WILL CALL EQUIPMENT INFORMATION

CUSTOMER INFORMATION

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

EQUIPMENT INFORMATION

Type *Automatic* ____ *Will Call* ____ Furnace Manufacturer _____
Fill Location(s) _____ Type Of Heat _____
Tank Size _____ Amt. In Tank _____ Name Of Burner _____
Domestic Hot Water Yes ____ No ____ Oil Filter _____
Of Rooms _____ Est. Usage _____ Relay _____ # Of Zones _____
Other Equipment _____

Budget Based At _____ Monthly Payment _____

Additional Information (Delivery, Equipment, Pricing, Service, Installation) _____

** Note: Service plan is effective upon inspection and approval from our service department.*

Customer Agreement: *Everything that I have stated in this application is correct to the best of my knowledge. I agree with the terms and conditions set forth in "Terms & Conditions" of my service plan.*

REPRESENTATIVE _____ APPLICANT SIGNATURE _____