



**FUEL OIL
BURNER SERVICE
BURNER INSTALLATION**

NEW ACCOUNT APPLICATION
Fax #617-924-2410;Email:busafuel@comcast.net

Name: First, Middle, Last _____

Spouse or Roommate name _____

Delivery Address, No. _____ Street _____

City _____ Zip _____ Apt. _____ Flr. _____

Mailing Address if different _____

Email Address _____

Cell# _____ Work# _____ Home# _____

Landlords Name, Address & Phone _____

Employers Name, Addresss & Phone _____

Length of Employment _____

Last Fuel Supplier _____/Balance _____

How Did You Hear of us _____

Automatic Oil Delivery Customers receive 24Hr. Emergency Burner Service during Heating Season.

Automatic Oil Delivery _____

Tell us about your home: Single _____, Multi Dwelling _____, #of rooms _____

Approximate age of boiler _____, How many zones or thermostats in house/apt. _____

IMPORTANT:

Looking at front of house fill location: _____, Tank size: _____, Oil Level _____

How is your Hot Water heated: Oil _____, Gas _____, Electric _____

We accept Checks or Budget Payments are available or Visa/Master Card!

Credit Card Authorization:

Name of Customer/Card _____

Property Address _____

Card# _____, Exp.# _____, Security Code _____

_____ I wish to have all charges paid with my credit/debit card.

_____ I wish to have Budget payments paid with credit/debit card.

I understand my payment will automatically be transferred from my credit card or bank account. I authorize my credit card or bank to make these payments. I understand and agree to all terms listed above. You are responsible for notifying our office in writing to terminate your account with Busa Fuel Company. Balances must be up to date in order to receive future oil deliveries and service.

Signature: _____ Date: _____ SS# _____

All Information kept Confidential!