

# NO FRILLS OIL COMPANY INC.

1166 US HIGHWAY 1, SUITE A, HANCOCK, MAINE 04640 PHONE: 207-422-3581 FAX: 207-422-6553

## CREDIT APPLICATION

(In order to open an account with anything other than COD Terms the following application must be filled out)

**PLEASE NOTE: This Application needs to be MAILED to the address above or dropped off at our office.**

Name: \_\_\_\_\_ Social Security#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthday: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Social Security#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthday: \_\_\_\_\_

Please mark one: Own: \_\_\_\_\_ Rent: \_\_\_\_\_ How long have you lived at your current address: \_\_\_\_\_

Name of Landlord or Mortgage Holder: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Amount of monthly mortgage or rent: \$ \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_ Other Income: \$ \_\_\_\_\_

\*Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Current Employer: \_\_\_\_\_ Phone: \_\_\_\_\_ How long employed: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alt. Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

### Type of Account Requested (refer to second page)

- C.O.D.     Net 10 day     Budget     Budget (lock-in program)     Prepaid (lock-in program)

Any additional information you feel may assist us in determining your eligibility for credit with No Frills Oil:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your signature on this application grants No Frills Oil Co., Inc. your permission to perform a credit check and to use the information therein to determine your eligibility for Credit with our company.

**I (we) hereby agree to comply with the terms and conditions of the account established on the following page of this application.**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



1166 US Highway 1  
Hancock, ME 04640

PHONE (207) 422-3581  
FAX (207) 422-6553  
OFFICE HOURS: M-F: 7AM-5PM Sat: 9:30AM-4PM  
E-MAIL [nofrillsoil@yahoo.com](mailto:nofrillsoil@yahoo.com)  
WEB SITE <http://www.nofrillsoil.com>

Types of Account Terms

**C.O.D.** terms require payment upon delivery

**Net 10 day** terms require payment within 10 days

If not received a 10 cent per gallon full service charge will be added,  
and 1½% late charge due on balances outstanding more than 30 days from date of invoice (18% per annum)

**Budget** terms are based on an annual usage (offered in Kerosene, #2 Fuel Oil, Propane)

Figured at an average price and divided by 11 months (June to April) giving a monthly payment amount

(Number of months subject to change due to starting budget date)

**Budget** (lock-in program) terms are based on an annual usage (offered in Kerosene, #2 Fuel Oil, Propane)

Figured at a lock-in rate and divided by 11 months (June to April) giving a monthly payment amount

(Number of months subject to change due to starting budget date)

Lock-in rates change on a day to day basis for updated prices please contact No Frills Oil Company

**Prepaid** (lock-in program) terms are based on a minimum purchase of 400 gallons

(Offered in Kerosene, #2 Fuel Oil, Propane)

Figured at a lock-in rate and paid for up front

Lock-in rates change on a day to day basis for updated prices please contact No Frills Oil Company at 422-3581

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Office Use Only

Accepted: \_\_\_\_\_ Denied: \_\_\_\_\_

Amount: \_\_\_\_\_ Terms: \_\_\_\_\_

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_