

# Stocker Oil Co., Inc.

## New Customer Information Sheet

Office Use Only	
Account Number:	_____
Delivery Slip:	_____
K Factor:	_____
Application Received:	_____
Application Approved:	_____
Referred By:	_____

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Service Address: \_\_\_\_\_  
Street City Zip

Billing Address: \_\_\_\_\_  
(If different): Street City Zip

Phone Number: \_\_\_\_\_  
Home Mobile Work

### Please answer the following questions

What type of fuel does the system use? (Circle One)

Kerosene<sub>1</sub> Fuel Oil<sub>2</sub> Natural Gas AC  
(mobile homes)

Is the hot water heated by the system? (Circle One)

Yes No

What is the size of the oil tank?

\_\_\_\_\_

When was the last fuel delivery?

\_\_\_\_\_

When was the system last cleaned/serviced?

\_\_\_\_\_

Where is the fill pipe located for the tank?

\_\_\_\_\_

How did you hear about our company?

\_\_\_\_\_

### Please check the boxes below of the services/products that you are interested in

Automatic Delivery (Free)

Budget Plan (Free)

Annual Tune-up Reminder Service (Free)

Tank Guard® Protection (Call for Fee)

Service Contract (Subject to Inspection)

Peace of Mind (Included)

Other: \_\_\_\_\_

All Applicable

Special Instructions or Additional Information: \_\_\_\_\_

**Return this form to Stocker Oil via mail, fax 978-561-1634, or email [info@stockeroil.com](mailto:info@stockeroil.com)**