

STOCKER HOME ENERGY SERVICES

236 BOSTON STREET – TOPSFIELD, MA 01983 – 978-535-5180

CREDIT CARD FORM



Customer name (please print)

Email address

Cardholder Name

Cardholder Billing Address

City

State

Zip Code

Credit Card Number

Expiration Date

Cardholder Signature

Date

I authorize Stocker Oil Co., Inc. to automatically apply charges to my credit card. I understand all charges will be applied following the delivery or service date and the receipt will be emailed/mailed to me directly. I agree to the payment terms set forth on the Credit Application and have signed this agreement.

This agreement is valid unless service is discontinued through written notice to Stocker Oil at least 30 days in advance.

Please notify Stocker Oil of any changes to your card number or status as soon as possible.

Please choose one option:

_____ Please use my card for all fuel deliveries & service.

_____ Please use my card for my Budget* payments & service.

*Must be enrolled in approved Budget plan.

Return this form to Stocker Oil via mail, fax 978-561-1634, or email info@stockeroil.com