



Taylor Petroleum 1985 Ltd  
 6 Timothy Ave. North  
 Hanwell, NB  
 E3C 0E8  
[www.taylorfuels.com](http://www.taylorfuels.com)

**OIL DELIVERY APPLICATION**

Office: (506) 459-3222  
 Fax: (506) 459-5864  
 Email: TAYLORPT@NBNET.NB.CA

I agree to purchase and Taylor Petroleum (1985) Ltd. Agrees to supply my entire fuel requirements for the premises listed below from this date forward.

I understand that the price will be the tank truck price at the time of delivery. I agree to pay any sales tax or other charges imposed by Government upon the fuel delivered and that I agree to pay my account within 25 days following delivery, and that bills not so paid will be subject to interest charges.

Please check box below for automatic delivery service, if chosen Taylor Petroleum (1985) Ltd. will maintain an adequate reserve of fuel in my tank without the necessity of my ordering. Deliveries may be suspended on overdue accounts. If not on Automatic Delivery, I agree to give (2) two working days notice for fuel delivery.

It is understood and agreed, and a condition of this Contract; that Taylor Petroleum (1985) Ltd. is not to be liable for any injury or damage due to failure to supply fuel or otherwise, whether due to negligence or otherwise. For any injury or damage caused to or by any responsibility for the fulfillment of this agreement if prevented by acts of God, fire, strikes, boycotts, unavoidable accidents, insurrections, embargoes, shortage or labor or other causes beyond the control of the party in default.

This Contract will renew automatically from year to year unless either party shall notify the other in writing giving 30 days notice. Overdue unpaid accounts will be sent to collection agency and the customer agrees to pay collection services fees.

Check this box for automatic delivery

Check this box if "no" automatic delivery

Signature: x \_\_\_\_\_ Date: \_\_\_\_\_

___ Mr. ___ Miss		_____		_____		_____	
___ Mrs ___ Ms.		_____		_____		_____	
LAST NAME		FIRST NAME		INITIALS		PHONE	
ADDRESS		CITY		POSTAL CODE		HOW LONG	
DELIVERY ADDRESS				LOCATION OF FUEL PIPE			
___ Married		_____		___ OWN ___ RENT		_____	
___ Single		_____		_____		_____	
___ Other		_____		_____		_____	
# OF DEPENDANTS		SPOUSE FIRST NAME		INITIALS		BUSINESS PHONE	
EMPLOYER		OCCUPATION		HOW LONG		_____	
PREVIOUS EMPLOYER		OCCUPATION		HOW LONG		_____	
SPOUSE EMPLOYER		OCCUPATION		HOW LONG		_____	
NAME OF BANK		BRANCH		___ SAVING ___ CHEQUING		_____	
TERMS		MONTHLY PAYMENT DATE /AMOUNT		SOCIAL INSURANCE #		PREVIOUS SUPPLIER	

The undersigned consents to the obtaining of such information as the Company may require at any time in connection with the credit hereby applied for or any renewal or extension thereof. In addition, the undersigned agrees to (cross out one) the disclosure of any credit information concerning the undersigned to any credit-reporting agency or to any person or persons with whom the undersigned has or proposes to have financial relations.

Signature: X \_\_\_\_\_ DATE: \_\_\_\_\_

_____ TANK SIZE	___ INSIDE	___ OUTSIDE	___ UNDERGROUND	___ FURNACE OIL
				___ STOVE OIL
DOMESTIC HOT WATER	___ OIL	___ ELECTRIC	FIRST DELIVERY REQUIRED _____	

**OUR FAX # 459-5864**