

# W. C. ESHENAU & SON, INC.

PA 1736

3815 Tecport Dr., Suite A  
Harrisburg, PA 17111

PHONE: (717) 236 - 5031  
FAX: (717) 236 - 5332

## CREDIT APPLICATION

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street Apt/Lot City State Zip

Telephone: \_\_\_\_\_ E-mail \_\_\_\_\_  
Home Work Cell

Spouse's Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
First Middle Last

If Same ☐ Address: \_\_\_\_\_  
Street Apt/Lot City State Zip

Preferred method of contact: Cell # \_\_ Work # \_\_ Home # \_\_ Email \_\_

I/we hereby apply for credit and agree to the terms of Net 30. I/we agree that interest may be added to past due invoices up to the extent allowed by law. If collection on this account is necessary, I agree to pay all legal and collection costs incurred by W. C. Eshenaur & Son, Inc., including attorney's fees.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If Joint Application)

Is above address bill to and service address? Yes \_\_\_\_ No \_\_\_\_ If no, please provide the following service address:

\_\_\_\_\_  
Street Apt/Lot City State Zip

### Services Requested:

Tank Size: \_\_\_\_\_ Delivery Schedule: \_\_\_\_\_  
\_\_\_\_ Fuel Oil \_\_\_\_\_ Automatic  
\_\_\_\_ Propane \_\_\_\_\_ Scheduled  
\_\_\_\_ Will Call  
\_\_\_\_ Service Equipment Type: \_\_\_\_\_  
\_\_\_\_ Maintenance Plan \_\_\_\_\_  
\_\_\_\_\_

If you would like to have your purchases put on a credit card,

please provide the following additional information:

Credit card (circle one) VISA MC DISCOVER AMEX

Card # \_\_\_\_\_

Expiration date \_\_\_\_\_ Three digit number on back \_\_\_\_\_

Authorized Signature \_\_\_\_\_