

W. C. ESHENAUR & 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: _____
Home _____ Work _____ Cell _____ E-mail _____

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:

| | | |
|----------------------|-----------------|--------------------|
| ___ Fuel Oil | Tank Size: | Delivery Schedule: |
| | _____ | ___ 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 _____