PAYMENT OPTIONS & AUTHORIZATION

Name:				
Billing Address:				
Billing Address:Address	Town	Sta	te	Zip Code
Home Phone: Ce	ell Phone:	Work F	Work Phone:	
Email:				
Previous Fuel/Utility Company:				
Do you own or rent the property that we are	servicing? (check one):	Own	Rent	
Renters: Landlord Name & Phone:				
PAYMENT AUTHORIZATION				
Please Select Payment Option:				
OPTION ONE: AUTO-PAY I authorize Connecticut Propane & Petrole that may incur on this account. I agree to will be charged upon each delivery and for	the terms of sale set forth on	each invoice and/or		
Credit Card Number:			EX	XP:
OPTION TWO: 30 DAYS TO PAY Any balances that incur on this account ar set forth on each invoice and/or contract. I 1.5%. In the event collection is needed, I a CREDIT BUREAUS TO RELEASE OUR FINANC given for the purpose of establishing an account and	I agree to pay a service charg agree to pay all collection cost CIAL INFORMATION TO CONNE	e on all outstanding sts. I AUTHORIZE TH	g balances at th	ne monthly rate of RENCES AND
Driver's License#:	SSN or Fed Id:	Da	Date of Birth:	
Present Employer:				
Spouse/Co-Applicant Name:				
Co-Applicant Primary Phone:	Co-Applic	cant Email:		
Signature:			Date: _	
Co-Applicant Signature:			Date: _	