

## CREDIT POLICY TERMS (Part II)

1. Payments are due upon receipt of invoice.
2. A LATE CHARGE may be assessed on all balances over thirty (30) days. This is computed by a periodic rate of 1.5% (which is an annual percentage rate of 18%) on the portion of the previous balance over thirty (30) days less payments and credits appearing on the statement. An account is considered past due when a LATE PAYMENT CHARGE is assessed.
3. **Any account, which becomes past due, is subject to termination of automatic fuel delivery WITHOUT NOTICE until the account balance is paid in full.**
4. All fuel remains the property of Capitol Discount Fuel until paid in full. Capitol Discount Fuel reserves the right to reclaim ANY FUEL not paid in full.
5. Should past due account(s) require the assistance of a collection agency and/or attorney to obtain payment(s), the credit applicant herein agrees to pay all costs, including any attorney's fees, associated with collection and any subsequent enforcement action.
6. A service charge of \$30.00 will be assessed on any check returned by a bank.

*I accept your offer to deliver my requirements of fuel according to the credit terms above.*  
**Termination of automatic delivery service must be made in writing.**

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

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

### PAYMENT AND DELIVERY INFORMATION

#### Payment Type - Check One

Invoice Billing

Budget Account

#### Delivery Type - Check One

Automatic

Will Call

#### Tank Size - Check One

275

550

1000

Other \_\_\_\_\_

#### Fill Location: Place X at fill pipe

Front of House

#### Hot Water Heated By:

Oil

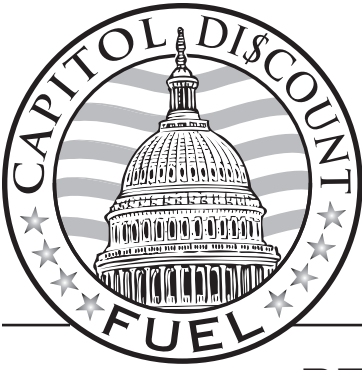
Gas

Electric

Special Instructions for Deliveries: \_\_\_\_\_

#### For Company Use Only:

Date Approved: \_\_\_\_\_ Acknowledgement Letter: \_\_\_\_\_



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RESIDENTIAL CREDIT APPLICATION

Name in Full FIRST INITIAL LAST Social Security #

Address Home Phone ( )

City State Zip Office Phone ( )

Buying Renting How Long At This Address? E-mail

Former Address If Renting, Leaseholder's Name and Phone

Employment City State If Military, Where Stationed

IF YOUR SPOUSE WILL USE THIS ACCOUNT OR SIGN THE AGREEMENT OR IF YOU WISH THE INCOME AND/OR CREDIT WORTHINESS OF YOUR SPOUSE CONSIDERED, PLEASE COMPLETE THE FOLLOWING.

Table with 4 columns: SPOUSE'S NAME, EMPLOYER, City, State

Table with 2 columns: BUSINESS TELEPHONE, SOCIAL SECURITY NUMBER

NOTICE: DO NOT SIGN THIS AGREEMENT BEFORE READING THE FOLLOWING: I HEREBY AUTHORIZE YOU OR ANY CREDIT REPORTING AGENCY EMPLOYED BY YOUR TO INVESTIGATE THE REFERENCES HEREIN LISTED OR ANY OF THE OTHER INFORMATION STATED ABOVE TO DETERMINE MY QUALIFICATIONS FOR A CREDIT ACCOUNT, I ALSO ACKNOWLEDGE RECEIPT OF A TRUE COPY OF THE CREDIT TERMS ON THE REVERSE SIDE OF THIS FORM.

Table with 4 columns: BUYER'S SIGNATURE, DATE, BUYER'S SIGNATURE, DATE

PLEASE COMPLETE REVERSE SIDE