Ascheman Oil & Propane, Inc. PO Box 37 895 Hwy 12 SW Danvers, MN 56231

Phone: 320-567-2338

Name	Date of Birth		
Service Address	City		_Zip
Billing Address	City		<u> </u>
Cell #Home #		S.S. #	
Drivers License			
Email Address			
Employer		_Phone	
Spouse, Partner or Co-Applicant:			
Name		Date of Birth_	
Address	City		_Zip
Cell #Home #	-	S.S. #	
Drivers License			
Employer		_Phone	
Requesting: Fuel Oil LP Gas	Oils/Grease_	Farm	n
Do you have a tank now? YES No How fu	Ill is the tank?	Who owns the ta	ank?
Previous Supplier?	·		
Please indicate which of the following is prop	ane operated:		
Main heat Secondary heat Range Fi	replaceWater he	aterGarage hea	atOther
Please check one:Automatic Delivery	Will Call for Deliver	ту	
Financial Institution:		Contact Name:	
Address	City		Zip
Account #	Circle account	type: Checking I	Loan Savings
May we contact your financial institution for a	a basic credit check a	nd information ve	rification? YES NO
This will NOT AFFECT your credit report. We simply veri	fy that you have an accou	ınt and that it is in goo	d standing.
Credit Reference: Name		_Phone	
Address	City		Zip
Do you own or rent your home?	OWN RENT		
If renting landlord name	Pho	ine -	_

I agree to pay for products from Ascheman Oil, Inc. and Ascheman Propane, Inc. and its DBAs. I will pay my entire
balance in full each month. I agree to a monthly finance charge of 1.5% for unpaid balances. I agree that if this
account should go to collections, I will pay for costs and fees related to the collection process for Ascheman Oil &
Propane Inc. its collection agency and attorney fees. I agree with the above terms that will govern any purchase
that is charged to my account with Ascheman Oil & Propane Inc.

Signature	Date
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