



TYREE

HEATING OIL /COD CUSTOMER INDIVIDUAL APPLICATION & AGREEMENT

Mail to:
2076 Irving Rd.
Eugene, OR 97402
Phone: 541-687-0076
Fax to: 541-343-0552

Please answer all questions, if a section does not apply, please enter N/A. Incomplete applications can delay approval. Please call or email our AR Department if you have questions.

I am applying for: <small>Please choose either Credit Terms or COD, and AutoPay options</small>	Credit Terms (Standard)* : <input type="checkbox"/> <small>*Requires Credit Check*</small>	Automatic Debit: <input type="checkbox"/> (Run on due date) <small>Include pg 2 of application please</small>	Credit Card on File: <input type="checkbox"/> (Run day invoice sent) <small>Include pg 3 of application please</small>	COD: Pay Driver at Time of Delivery:* <input type="checkbox"/> <small>*Requires a copy of photo ID with application</small>
I wish to purchase the following products: Heating Oil: <input type="checkbox"/> Gasoline: <input type="checkbox"/> On Road Clear Diesel: <input type="checkbox"/> Off Road Dyed Diesel: <input type="checkbox"/> Lubricants: <input type="checkbox"/>				I have a tax exemption for one or more products and I have attached the exemption to the application: <input type="checkbox"/>
Full Legal Name of Applicant				Date:
Daytime Phone # ()	Secondary or Mobile Phone # ()		Social Security #	Date of Birth
Full Name of Joint Applicant		Relationship to Applicant	Social Security #	Date of Birth
Billing Address		City	State	Zip
Delivery Address (If different than above)		City	State	Zip
How long have you lived here? <input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Renting Have you ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, When? What State?				
Landlord Name (If Applicable):	Landlord Phone #:	Heating oil tank size (in gallons):	Tank location (underground, right side of house, ect):	
EMAIL MONTH END STATEMENTS & INVOICES TO:				
If seeking terms, please complete the following. Otherwise continue to signature.				
Previous Address (If less than 5 years)		City	State	Zip
Name and Address of nearest relative not living with you		Telephone # ()		Relationship
Applicant's Employer		Telephone # ()	How Long?	Net Monthly Income \$
Bank Name & Branch	Account #	Bank Officer		Telephone# ()
Current Petroleum Supplier	Account #	Telephone# ()		
AGREEMENT & PERSONAL GUARANTEE The foregoing statements are being provided for the purpose of obtaining credit. I authorize Tyree to undertake a credit investigation of the Applicant and Joint Applicant. All delinquent balances shall accrue interest at the rate of 18% per annum from the date due, or \$.50 minimum per month. A \$25.00 handling fee shall be assessed for any NSF, dishonored, or canceled check. Applicant and Joint Applicant hereby grant Tyree a security interest in all products and equipment they purchase from Tyree, together with all proceeds, products and replacements relating to such products and equipment, to secure payment of all amounts due from Applicant and Joint Applicant to Tyree. A copy of this Agreement may be filed as a financing statement wherein Applicant and Joint Applicant are the debtor and Tyree is the secured party. Applicant and Joint Applicant shall pay all costs, commissions, expenses and attorney fees incurred by Tyree relating to the collection of any amount due, including all attorney fees and costs incurred by Tyree in any suit, arbitration, mediation, bankruptcy proceeding, and post judgment proceeding. All matters involving the construction, validity, performance, or enforcement of this Agreement shall be governed by the laws of the state of Oregon. Applicant and Joint Applicant consent to the personal jurisdiction of the courts of the state of Oregon and agree that at Tyree's sole option, jurisdiction and venue for any dispute, suit or action arising under or relating to this Agreement shall be in Lane County, State of Oregon.				

Tyree, Applicant and Joint Applicant agree that facsimile and electronically transmitted signatures are equivalent to an original signature and are binding to all parties.

Applicant Signature

Date

Printed Name

Joint Applicant Signature

Date

Printed Name



**ELECTRONIC FUNDS TRANSFER
AUTODEBIT AUTHORIZATION FORM**

Mail to:
2076 Irving Rd.
Eugene, OR 97402
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Fax to: 541-343-0552

Automatic payments pull funds directly from your financial institution for the balance due on the invoice due date. This method of payment allows you to avoid writing a check each month, paying credit card fees, and eliminates having to remember to send in your payment.

To set up AutoDebit, please complete the below information.

Name:

Tyree Account #:

Financial Institution:

Branch Location:

Routing #:

Account #:

YOUR NAME 678 Main Street Anywhere, MI 12345		123
DATE _____		
PAY TO THE ORDER OF _____		\$ _____
		DOLLARS
1:999888 ???	1:00 123456789	1:123
Routing Number	Account Number	Check Number

This authorization is to remain in effect until Tyree has received **written notification** from me, of its termination in such time and in such manner as to afford Tyree and my financial institution a reasonable opportunity to act on it.

Email for AutoDebit Notifications:

Printed Name:

Title:

Signature:

Date:

I authorize Tyree to initiate debit entries to my financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US law.

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

PLEASE RETURN TO: ar@tyreeoil.com OR FAX: 541-343-0552



TYREE

CREDIT CARD ON FILE AUTHORIZATION FORM

Mail to:
2076 Irving Rd.
Eugene, OR 97402
Phone: 541-687-0076
Fax to: 541-343-0552

Credit Cards will be pulled for the invoiced amount, on the morning after the invoice is finalized and sent to you. All Credit Card payments for Fuel Invoices are charged a 3% processing fee. For Heating Oil purchases Tyree will waive the 3% processing fee as a service to our customers.

I authorize Tyree. to initiate debit entries to my financial institution named below. I acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of US law.

Name on Card:

Tyree Acct. #:

Card Number:

CCV Code:

Expiration Date:

Email Address for Reciepts:

This authorization is to remain in effect until Tyree. has received **written notification** from me, of its termination in such time and in such manner as to afford Tyree. and my financial institution a reasonable opportunity to act on it.

Printed Name:

Title:

Signature:

Date:

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

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