



DICOLA PETROLEUM

87 South Street
Perth, Ontario
K7H 2G9
TEL: (613) 267-1604 FAX: (613) 264-8959

DiCola Petroleum Propane Account Application

Name: _____
(Include spouse, if applicable)

Billing Address: _____

Property Address: _____

(If different from billing address – please include blue pin # and street/road name)

Directions to property: _____

Phone Numbers: (H) _____ (W) _____
(Cell) _____ (Fax) _____

Email Address: _____

Do you want your monthly Statement emailed to you ?: ___ Yes or ___ No

Your Date of Birth: _____ (Spouse, if applicable) _____

Your Employment: Name of Co. _____
Address: _____

Spouse Employment: _____

Your Driver's Licence: _____

Your Bank Name: _____
(Location) _____

Propane used for: _____

Type of tanks: _____

Tanks Owned _____ or DiCola Rental Tanks _____

Previous Supplier: _____

Date: _____

Applicant's Signature: _____

(Applicant agrees and consents to credit inquiries being made by our Company as deemed necessary to ascertain the credit worthiness of the applicant.)

