

polar fuel

1051 Van Horn Rd.
 Fairbanks, AK. 99701
 Phone: 451-9355 Fax: 451-9301

AUTO FILL APPLICATION

CUSTOMER CREDIT INFORMATION

LAST NAME: _____ FIRST NAME: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DELIVERY ADDRESS: _____

CITY: _____ ZIP: _____

HOME PHONE #: _____ E-MAIL: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: ____ - ____ - _____ DRIVER'S LIC #: _____

EMPLOYER: _____ WORK PHONE #: _____

Joint/Spouse Last Name: _____ First name: _____

Date of Birth: _____ Social Security #: ____ - ____ - _____ Driver's Lisc #: _____

Employer: _____ Work Phone #: _____

Personal Reference: _____ Phone #: _____

APPROXIMATE DATE YOU WOULD LIKE DELIVERY SERVICE STARTED: _____

<p>1st TANK SIZE: 300 500 1000 2nd TANK SIZE: 300 500 1000 (Circle Tank Size)</p> <p><u>1st Tank FUEL TYPE:</u> Above ground tank #1HO Below ground tank #2HO- (Circle Fuel Type)</p> <p><u>2nd Tank FUEL TYPE:</u> Above ground tank #1HO Below ground tank #2HO- (Circle Fuel Type)</p>	<p>Yearly Consumption: _____</p> <p>Sq. Ft to be heated: _____</p> <p>Last Delivery: _____</p> <p>Previous Supplier: _____</p>	<p>IS THERE A WATER TANK ON YOUR PROPERTY?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>IS YOUR FURNACE USED TO MAKE HOT WATER FOR YOUR HOME?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>WHAT LED YOU TO CALL POLAR FUEL?</p> <p>Yellow Pages <input type="checkbox"/></p> <p>Television <input type="checkbox"/></p> <p>Radio Ads <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Other (Explain): _____</p> <p>_____</p>	<p><i>If referred to Polar Fuel by an individual, please let us know who gave the referral & their phone#:</i></p> <p>_____</p> <p>_____</p>	<p>OFFICE USE ONLY</p> <p>CUSTOMER #: _____</p> <p>DELIVERY ZONE: _____</p> <p>MAP #: _____</p>

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SERVICE AUTHORIZATION

Automatic Delivery Service

MUST BE FILLED OUT COMPLETELY OR WE CAN NOT FINALIZE APPLICATION

I/We hereby authorize Polar Fuel to deliver heating fuel and to keep an adequate supply in my/our storage tank at all times without further notice and to hereby provide Automatic Delivery Service to:

Applicant's Name	Spouse/Joint Applicant's Name
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Delivery Address	City	State	Zip Code
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Please note: Customers with efficient homes may be skipped from time to time depending on their usage at time of dispatch. For example: Homes using less than 75 gallons of heating fuel per month may be scheduled for delivery every other month rather than monthly.

I/We agree that Polar Fuel shall not be liable or responsible for any damage resulting from an inadequate supply of fuel in the event of changes in consumption without reasonable notice to Polar Fuel, or due to leaks or other loss of fuels not caused by negligence on the part of Polar Fuel. I/We understand if we utilize wood stoves or sources of heat other than oil, an interruption of such use (i.e., mid-winter vacations and or discontinued use of wood or supplemental heating source) will result in an increase in my oil consumption. I/We agree to give written notice to Polar Fuel prior to such an interruption. I/We agree that in the event such notice was not given to Polar Fuel, Polar Fuel shall not be liable or responsible for any damage resulting from an inadequate supply of heating fuel.

I/We further agree Polar Fuel shall not be held liable for any damage that may result from non-delivery of fuel in the event delivery by Polar Fuel is temporarily discontinued or reduced due to strikes, weather conditions or other conditions beyond its control. Furthermore, I/we agree to hold Polar Fuel harmless for our failure to give notification of times and dates the dwelling will be vacant for any extended period of time, or other variables that would alter normal fuel usage, or failure to make payments on accounts, or failure to comply with any other agreement with Polar Fuel.

CANCELLATION OF SERVICE

I/We agree to give Polar Fuel written notice of cancellation of this service in the event I/we desire to terminate Automatic Delivery Service. If such notice is given by mail, it will be sent by Certified or Registered Mail only, postage prepaid, return receipt requested. Said notice of cancellation shall be effective only when actually received by Polar Fuel, as determined by the date of the return receipt.

I/We agree to pay for all outstanding invoices within ten (10) days of cancellation.

MUST BE SIGNED TO BE VALID

Applicant's Signature:	Date
Spouse/Joint Applicant's Signature:	Date

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PROMISE TO PAY

I hereby promise to pay POLAR FUEL for all charges billed for goods and services rendered within 20 days of delivery. I understand that if default occurs, deliveries may be suspended if satisfactory arrangements have not been made with Polar Fuel. Default is the failure to pay the full amount of fuel oil charges within 20 days after delivery. Interest will accrue at 10.5% after 20 days. I hereby authorize you or any credit reporting agency employed by you to investigate the references herein listed or any of the other information stated on this application to determine qualification to establish an account. I certify that everything I have stated in this application is correct to the best of my knowledge. If this account becomes delinquent and collection action is taken, a collection fee will be added to the delinquent balance and charged to me.

—————▶ **SIGNATURE:** _____ **Date:** _____

SIGNATURE: _____ **Date:** _____
Spouse/Joint Applicant

☆ *Customers will receive a \$0.03 Quick Pay Discount per gallon if bill is paid within ten (10) days of delivery.*

Polar Fuel accepts cash, checks, money orders, or the credit cards listed below.

Method of pay will be: *(Please check one of the following options.)*

Cash, Check, or Money Order Credit Card

****There will be a \$30.00 fee for any Returned/NSF checks****

I authorize Polar Fuel to charge my credit card . . . *(Please check one of the following options.)*

Automatically after each delivery with credit card information listed below.
(Credit card information will be kept on file.)

Credit Card Type: Visa Master Card American Express Discover

Credit Card Number: _____ *Expiration Date:* _____ *SIC#* _____

When I call and give my authorization and credit card information.

Signature of cardholder

Date

Alaska Fuel Distributors, LLC, dba

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To Help Us Find You

PROPERTY DISCRIPTION

Name: _____

Directions to your home:

House Description:

FUEL TANK LOCATION: _____

Is there a Water Tank on the property, where is it located and how is it marked? _____

Do we need to call before delivery? Yes No

If yes, please explain: _____

(Some restrictions may apply.)

Contact Phone # (s) (cell phone, etc)

Dog(s): Yes No How many? _____ The dogs are: Kenneled Chained

Where are the dog(s) kept: Inside Outside Name(s): _____

Comments: _____

I/We agree to make sure the access to fuel tank(s) is clean and clear of
extra snow, animal feces, & any debris, etc.

—————▶ **SIGNATURE:** _____ **Date:** _____

SIGNATURE: _____ **Date:** _____

Spouse/Joint Applicant

Notice of Cancellation

Customer Name: _____

Phone: _____ Account #: _____

Customer Delivery Address: _____

Please cancel the automatic fill service that you are currently providing to the above address effective:

_____, _____, 20____
Month Date Year

Customer Signature: _____

Please detach the above section of this form and mail or fax it to your current supplier at the address or fax number we have listed below for your convenience.

If you would like us to handle the notification for you, complete the above information & check your current supplier listed below so we know whom to contact.

Alaska Aerofuel
PO Box 60669
Fairbanks, AK 99706
Fax (907) 474-0085

Alaska Petroleum
1095 Dennis Road
North Pole, AK 99705
Fax (907) 488-2996

The Fuel Company
1585 Old Badger Rd.
North Pole, AK 99705
Fax (907) 490-6697

Fairbanks Fuel
PO Box 70510
Fairbanks, AK 99707
Fax (907) 374-2888

Crowley/Interior Fuels
3569 S. Cushman St.
Fairbanks, AK 99701
Fax (907) 456-1659

Sourdough Fuel
555 Van Horn Rd.
Fairbanks, AK 99701
Fax (907) 456-6018

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Alaska Airlines Mileage Plan

“Miles Per Gallon Program”

Application

Alaska Airlines Mileage Plan Number: _____

Name on Alaska Airlines Mileage Plan Account: _____

Polar Fuel’s “Miles Per Gallon Program” customer guidelines are, but not limited to the following;

1. For signing up as an Auto Fill customer, you will receive **1,000 Alaska Airlines Mileage Plan miles** after your first delivery and payment has been received. (payment must be received “In Full” within twenty (20) days of delivery)
2. **And**, you will receive **one (1) Alaska Airlines Mileage Plan mile** for each gallon of fuel delivered as long as your account is current (Payments must be received “In Full” within twenty (20) days of delivery) and you are on Auto Fill.

Polar Fuel agrees to apply current account customer’s miles per gallon to their Alaska Airlines Mileage Plan on a quarterly basis. *January, February & March miles will be applied in May. April, May & June miles will be applied in August. July, August & September miles will be applied in November. October, November & December miles will be applied in February. (Some restrictions may apply.)*

If a customer’s account becomes past due and is brought current at a later date, Polar Fuel reserves the right to place customer back on the Alaska Airlines Mileage Plan “Mile Per Gallon Program”. (Miles are issued for gallons paid for on time only.)

1,000 Alaska Airlines Mileage Plan miles is limited to one per customer not per property.

I/We agree to the guidelines and terms listed above for Polar Fuel’s **Alaska Airlines Mileage Plan “Miles Per Gallon Program”**.

—————▶ **SIGNATURE:** _____ **Date:** _____

SIGNATURE: _____ **Date:** _____

Spouse/Joint Applicant

Polar Fuel reserves the right to terminate the Alaska Airlines Mileage Plan “Mile per Gallon Program” at anytime without notice.