

# ONLINE DELIVERY REQUEST

Name \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail address: \_\_\_\_\_

What are we delivering:  oil  gas

Is this a yearly maintenance Service call?  Yes  No

Which day of the coming week would you like your delivery? or service maintenance?

Monday  Tuesday  Wednesday  Thursday  Friday

How will you pay:

Monthly Account Billing

COD

Check

Cash

Credit Card

Please provide you email for our confirmation: \_\_\_\_\_

**PLEASE ALLOW 24hrs FOR CONFIRMATION. IF THIS IS AN EMERGENCY after 4:30 PM  
PLEASE CALL 732-409-3871**