



Energy Co-op of Vermont

P.O. Box 111, Colchester, VT 05446 • Tel: (802) 860-4090 • Toll-Free: 1-866-626-4328 • Fax: (802) 951-9157

New Member Application Form

Yes, I want to become a member of the Energy Co-op of Vermont.

Name _____ Social Security Number: _____

Billing Address _____

City _____ State _____ Zip _____

Service Address (if different):

Street _____

City _____ State _____ Zip _____

Home Phone: _____ Daytime / Work Phone: _____ Cell Phone: _____

E-mail: _____

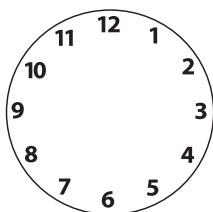
Household Information

1. Do you own or rent your home? Own Rent
2. Is it: Single Family Home Mobile Home Apartment Commercial Building Condo Duplex
3. How many rooms are there? _____
4. Quality of insulation: Poorly Insulated Moderately Insulated Well Insulated

Fuel Tank Information

1. I (We) heat my (our) **home** with: Oil Kerosene
2. I (We) heat my (our) **water** with: Oil Kerosene Propane Gas Electricity
3. Tank Size: 275 gallons (44" x 27" x 60") 130 gallons (44" x 27" x 30")
 Other (explain: _____)
4. I (we) have: Furnace (Hot Air) Boiler (Radiators) Steam Monitor
5. I (we) use: _____ (approx.) gallons of Oil/Kerosene each year.
6. Our tank was last filled on _____ and we have _____ gallons now.
7. Our tank is located: _____. (e.g. basement, outside)
8. The fill pipe is located: _____.

9. Please circle the number that indicates the position of the fill pipe for your tank:



Front of House

Directions to House:

Description of House:

Payment Options (does not apply to Budget or Pre-Buy members)

- I will pay within ten days of each fuel delivery (by cash or check) and will receive an 8 cent per gallon discount (provided I have no outstanding balance).
- I would like to be billed monthly.
- I want every fuel delivery to be automatically charged to my credit or debit card. I will receive an 8 cents per gallon discount.

Name on Card _____ MasterCard Visa _____ 3-digit PIN (on back of card)

Card Number _____ Expiry Date _____

Credit References

Bank Name: _____

Account Number: _____ Account type: _____

Bank Address: _____

Current Employer: _____

Address: _____

Phone: _____

By signing below, I am applying for membership in the Energy Co-op of Vermont (the Co-op), operated as a cooperative for the benefit of its members. By applying for membership in the Co-op, I have read and understood the bylaws under which my membership will be accepted. I understand that my membership will become effective upon payment of my annual membership fee of \$24.00*, at which time I am entitled to all rights and privileges of ownership. I also understand that I am authorizing the Co-op, and/or its assigned credit bureau to obtain my credit report and/or to investigate the information in this application. If my application is approved, I also authorize the Co-op and/or its assigned credit bureau to obtain additional credit reports and other information after approval of my credit for account review purposes and other legitimate activities associated with my account. The Co-op requires its member to be put on the automatic delivery plan so that it can provide services to them in a more efficient manner. **I understand, therefore, that (if not already), I will become an "Automatic" customer and that the Co-op will schedule my fuel deliveries.** I also understand that the Co-op may contact me to discuss specific pricing plans and delivery instructions.

Signature: _____ Date: _____

- * I've enclosed **\$24** for my annual membership fee (**Today's date is between Jun 15 & Oct 30**)
- * I've enclosed **\$12** for my annual membership fee (**Today's date is between Nov 1 & Feb 28**)
- * My annual membership fee is waived until June (**Today's date is between Mar 1 & Jun 15**)
- I will be scheduled for automatic fuel deliveries. Please make a delivery to top off my tank.

I heard about the Co-op from _____

Thank you for becoming a member of the Energy Co-op of Vermont!