

197 JAMES P. MURPHY HIGHWAY WEST WARWICK, RI 02893 TEL 401-828-5000 FAX 401-823-1804

Email: info@hopeenergyri.com

## **Customer Delivery & Service Agreement Form**

Bill to name:	Home Phone: Work Phone:									
Bill to address:										
Deliver to address:			Cell Phone:							
E-Mail:					Email	Statem	ents:	Y or	N	
Type of Heating System:       STEAM HOT WATER         Number of heating zones:							9 PLEASE CIRCLE			
	Fill Locat	ill Location: S				→ -		OUR FILL DCATION.	4	
Domestic hot water: TANKLESS Date of first delivery:	INDIRECT	: E	14 ATER H	1R 1⁄2	3⁄4	к <b>8</b> F	7	6	5	
Service plan option: Gold Plan			er Plan							
Zone Protection: Yes or No	lf Yes, Ho	w man	y?							
Hot Water Heater Protection:		No								
If the above information is correct, p signed copy to our office. <u>AUTHO</u>	blease sign the				nis agre	ement	and r	eturn a		
I, authorize Hope Energy to deliver #2 Will Call Delivery Basis beginn eligible for a 1 year service contract automatically on January 1 <sup>st</sup> , annua current for service contracts to rema	2 heating oil to hing immediate <b>ct (inspection r</b> illy unless othe	my prei ly. I uno <b>equireo</b>	mises li derstan <b>I).</b> This	d tha auth	t as a r orizatio	new oil on will r	custo enew	mer, I an	n	
Customer's Signature										
Company Representative										
Today's Date										
Date for next burner service		_(appro	x.)							
How did you hear about us? A	nother custome	er, F	riend/R	Relativ	ve, N	Web Si	te,	Other		