



# MID ISLAND CO-OP HOME HEATING APPLICATION

Administration Office  
#103 - 2517 Bowen Road,  
Nanaimo, BC  
V9T 3L2  
Phone: 250-729-8400

Co-op Member #: \_\_\_\_\_ Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Spouse: \_\_\_\_\_  
Delivery Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone #(s): \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Billing Address: \_\_\_\_\_  
(If different from above)  
How did you hear about us? \_\_\_\_\_ Previous Supplier \_\_\_\_\_

## DELIVERY CHECKLIST

Automatic Fill Yes No    Phone Call Yes No    Date Yes No    Senior Discount - 60 Years Yes No  
Tank Location \_\_\_\_\_ Age of Tank \_\_\_\_\_  
Heated Sq. Ft. \_\_\_\_\_ Oil/Hot Water: Yes No    Furnace Oil: Yes No    Stove Oil Yes No  
First Delivery: \_\_\_\_\_ Amount of Delivery: \_\_\_\_\_  
Last Delivery Date: \_\_\_\_\_ Alternative Heat Source: \_\_\_\_\_  
Work Phone #: \_\_\_\_\_ Tank Location: \_\_\_\_\_  
Own Rent If rental: \_\_\_\_\_ Landlord's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Inside Tank:** Tank size \_\_\_\_\_ litres or gallons (circle one).    **Outside Tank:** Tank size \_\_\_\_\_ litres or gallons (circle one).

Mid Island Co-op is not liable for any tank that ruptures or overfills due to bung not being on securely. Mid Island Co-op does not provide tank inspections. Inspections and maintenance are the responsibility of the homeowner.

## METHOD OF PAYMENT

Prepay    Cash    Automatic Debit    Online    Budget Plan (Monthly payment plan. No credit cards please)

Credit Card (Each delivery will be charged to your credit card)

Credit Card:    Visa    Mastercard    Other: \_\_\_\_\_

Name: \_\_\_\_\_ #: \_\_\_\_\_ Exp: \_\_\_\_\_

Authority for Mid Island Co-op to obtain credit information:    Yes    No

Social Insurance #: \_\_\_\_\_ Birth date (yymmdd): \_\_\_\_\_ Employer: \_\_\_\_\_

## Please Read, Date and Sign:

**We agree to be jointly and individually liable, which means we are liable both individually and together for all amounts charged to this account.**

Authorizing signature: \_\_\_\_\_ Date: \_\_\_\_\_ ThH

## OFFICE USE ONLY

Driver Card    Co-op Application    RMMU  
BRIC    Confirmation Letter    ROUTE \_\_\_\_\_ July 24, 2014