



MID ISLAND CO-OP HOME HEATING APPLICATION

Administration Office
#103 - 2517 Bowen Road,
Nanaimo, BC
V9T 2L3
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? _____

By providing your E-mail Address, you authorize Mid Island Co-op to submit your A/R Statements via E-mail.

DELIVERY CHECKLIST

Automatic Fill Yes No Phone Call Yes No Date Yes No Senior Discount - 60 Years Yes No

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: _____

OFFICE USE ONLY

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