

VISCONTI FUEL, LLC
* 24 Hour Emergency Burner Service *
855 GRAND ST. BRIDGEPORT, CT 06604

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Facsimile: (203) 335-6633
www.viscontifuel.com

New Account Application

A. New Account Information

List the name(s) of the person(s) and/or business who owns or leases the premises where service will be used and who will be responsible for this new account.

Name:

TIN/SSN:

Address where you want to receive heating oil and related services:

Street:

Apt. Number:

City:

State:

Zip Code:

Years at address:

_____ Years

_____ Months

Previous address (if less than 3 years)

Street:

Apt. Number:

City:

State:

Zip Code:

Years at address:

_____ Years

_____ Months

Mailing address where we should send bills (if different from above)

Street:

Apt. Number:

City:

State:

Zip Code:

Contact Details (for the account):

Telephone Number:

() -

Fax Number:

() -

Cellular/Mobile Telephone

() -

E-Mail Address:

B. Landlord Details (if you rent)

Name of Landlord:

Address of employer:

Street:

Apt. Number:

City:

State:

Zip Code:

Contact Details:

Telephone Number:

() -

Fax Number:

() -

E-Mail Address:

C. Employment Details

Name of Employer:

Address of employer:

Street:

Room/Floor/Office:

City:

State:

Zip Code:

Contact Details:

Telephone Number:

() -

Fax Number:

() -

E-Mail Address: