

ProGuard AST Protection Plan

Pennsylvania Customer Application

NOTICE: Completion of this form does not bind protection. Protection will be in force when we issue you a Service Agreement.

- 1.) Name: _____
- 2.) Tank Address* Street: _____
City: _____ State: _____ County: _____ Zip: _____
- 3.) Telephone No.: _____ E-mail Address: _____
- 4.) Name of Fuel Oil Dealer: **Self Heating & Cooling** Phone #: **267-803-4840**

ABOVEGROUND TANK COVERAGE

Must be an Approved Aboveground System

- up to 550 gallons
- free standing with all sides visible
- on legs on a pad or on solid basement floor
- not buried or sitting in dirt or soil

Cost: \$59.00

- 5.) Tank size: _____
- 6.) If this is a commercial property what type of building is it? _____
How many stories? _____ What is the nature of the operation? _____
- 7.) Has this tank been used to heat this dwelling for the past 18 months? *** Yes ***No
If no, please explain: _____
- 8.) Do you have an Automatic Delivery Agreement? *** Yes ***No (You must have & remain on automatic delivery)
- 9.) Do you have any reason to suspect your fuel oil system has leaked or is leaking fuel oil? *** Yes ***No
- 10.) Do you have or have you had similar coverage on your Tank? ***Yes ***No
Expiration Date: _____
- 11.) Where is the tank located on the property? _____

APPLICANT'S WARRANTY STATEMENT

At the time of signing this Application, I am not aware of any current or prior emission, discharge, or release of fuel oil from my fuel oil system. I understand that knowingly providing false or inaccurate information will be cause for disqualification and/or termination from the ProGuard Program. I have also read the Service Agreement and agree to the terms and conditions described therein.

Applicant's Signature: _____ Date: _____

Print Name: _____

* Mailing Address if different than tank location:

Street: _____

City: _____ State: _____ Zip _____

(OVER)

2009 REVISION-NON -DIRECT

Customer Sign Up Procedures:

If you are applying for protection under The ProGuard Program, please follow these steps:

1. Fully complete the customer application on the previous page. Be sure to read and answer all questions, sign and date the application.
2. Mail your completed application and **check made payable to us** to the address below.

MAIL TO:

Self Heating & Cooling
219 Keith Valley Road
Horsham, PA 19044

3. Please allow ten working days for the ProGuard Program to respond.