



1080 No. Barnstead Rd
 Ctr. Barnstead, NH 03225
 Tel. 603-776-2500 fax 776-5525
 *New to OTEA? You will be assigned a vendor.
 Please contact the vendor to establish an account.

2010-'2011 Application New ___ Renew ___ OTEA ID# _____ VENDOR ACCT# REQUIRED SEE BOX BELOW
 MEMBERSHIP FREE TO RESIDENTS RECEIVING FUEL ASSISTANCE _____ CASE # REQUIRED

Businesses -* \$50.⁰⁰ Primary Account (1 fuel); add'l fuels or location + \$15.⁰⁰ each**
Homes - \$25.⁰⁰ Primary Account (1 fuel); add'l fuels or location + \$10.⁰⁰ each

If you have a business- it must be the primary account *

Please renew online- www.otchoice.com or
Please Fill in ALL information even renewals, THANK YOU.

Eastern Acct # _____	Current
Irving Acct # _____	Customers
Lavallee Acct # _____	Only
Fielding's or Gorham Acct# _____	*

Name _____ EMAIL (print clearly) _____

Mailing Address _____

Town _____ State _____ Zip _____ Phone _____

Call your fuel dealer to get the information if necessary. Please list fuels separately – even fuels at same location.

(1) Fuel Type (check one): OIL ___ K 1 ___ PROPANE ___ NEW ___ or RENEW ___ Home or Business

Delivery Address _____ Town _____ (circle) **H- \$25 / B- \$50**

Tank Size* _____ Location: Indoor ___ Outdoor ___ Shed ___ Under ___ Gals. Needed '10-'11 (Estimate): _____

Current oil or K-1 provider _____ Current propane provider _____

2-Add'l FUEL or location OIL ___ K 1 ___ PROPANE ___ NEW ___ or RENEW ___ Home or Business

Delivery Address _____ Town _____ (circle) **H- \$10 / B- \$15**

Tank Size* _____ Location: Indoor ___ Outdoor ___ Shed ___ Under ___ Gals. Needed '10-'11 (Estimate): _____

Current oil or K-1 provider _____ Current propane provider _____

3- Add'l FUEL or location OIL ___ K 1 ___ PROPANE ___ NEW ___ or RENEW ___ Home or Business

Delivery Address _____ Town _____ (circle) **H- \$10 / B- \$15**

Tank Size* _____ Location: Indoor ___ Outdoor ___ Shed ___ Under ___ Gals. Needed '10-'11 (Estimate): _____

Current oil or K-1 provider _____ Current propane provider _____

4- Add'l FUEL or location --- use back of sheet to add additional fuels or locations.

PAYMENT INFORMATION: Checks payable to "OTEA"

TOTAL ACCOUNTS _____ **Total \$ Due** _____ **Check #** _____ **Amount Paid** _____

VISA-MC-DISC-AMEX _____ **Exp.** _____ **Amt.** \$ _____

We cannot guarantee your application will be processed unless it is complete.

Note...Most Important... This is part 1 of the process; Part 2 is signing a contract with the fuel dealer.

Signature _____ **Date** _____

Notes/Suggestions for OTEA _____

How did you hear about OTEA? _____

* If you do not know your estimated fuel needs or tank size, please call your current provider for information.

* If your vendor is not an OTEA supplier we will assign you to one of the OTEA vendors. LIST VENDOR ACCT # ABOVE.

Please be aware Enrollment is not open all year; it may close any time after we go to bid. If we receive your application after enrollment closes we will be happy to put you on a waiting list. *Thank you.*