

ABOUT NJCA OIL GROUP

The Oil Group was formed in 1983, to provide customers with an alternative to the high cost of heating oil. The Oil Group uses bulk purchasing power to negotiate discount prices for our members.

WHO IS ELIGIBLE?

All New Jersey residents and businesses who heat with oil.

WHY SHOULD YOU JOIN?

To save hundreds of dollars per year on your heating oil bills without sacrificing full service.

HOW DO I JOIN?

Complete the membership application on the reverse side of this brochure and return it with your membership dues to NJCAOG or join directly online at www.njcaoilgroup.com.

WE HAVE BIO-FUEL!

Bio-fuel is a mixture of 5% natural agricultural products such as soybean or sunflower and 95% standard heating oil. It is safe to burn in current heating systems, less hazardous to your health, and produces 3 times more energy than other fuels!

OUR SUPPLIERS OFFER:

- SERVICE CONTRACTS
- TANK PROTECTION
- AUTOMATIC DELIVERY
- YOU CALL DELIVERY
- BUDGET BILLING
- 20/30 DAY BILLING
- COD
- BIO-FUEL IN SOME AREAS
- PRICE CAPS IN SOME AREAS
- FREE AND DISCOUNTED SERVICE CONTRACTS IN MOST AREAS

New Jersey Citizen Action Oil Group
1040 North Kings Highway, Suite 308
Cherry Hill, NJ 08034

☎ (800) 464-8465

☎ (856) 966-3095

FAX: (856) 414-1054

✉ oilgroup@njcitizenaction.org

↖ njcaoilgroup.com

f [facebook.com/NJCAOilGroup](https://www.facebook.com/NJCAOilGroup)

DISCOUNT HEATING OIL



New Jersey Citizen Action

OIL GROUP





New Jersey Citizen Action Oil Group Application for Membership

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Cherry Hill, NJ 08034

1-800-464-8465 • Fax: 856-414-1054

www.njcaoilgroup.com

FOR OFFICE USE ONLY

Assigned Supplier: _____

PLEASE PRINT AND COMPLETE ENTIRE APPLICATION

Name: _____ Date of Birth: _____

Billing Address: _____ COUNTY _____

Delivery Address (if different): _____

Home Telephone #: _____ Work Telephone #: _____ Cell Phone #: _____

How did you hear about us? _____ Email Address: _____

Name of Current Oil Company: _____ Last Delivery Date: _____

Tank Size: _____ /gls Annual Consumption: _____ /gls Fill Pipe Location: _____

Tank Location: _____ Inside _____ Outside, Above Ground _____ Underground _____

Delivery Options (CHECK ONE) _____ Automatic _____ You Call _____ Payment Options (CHECK ONE) _____ 20/30 Day Billing _____ Budget Plan _____ COD _____

- Do you use oil to heat your hot water? Yes _____ No _____
- Are you interested in a service plan? Yes _____ No _____
- Are you interested in tank coverage? Yes _____ No _____
- If available, would you prefer bio-fuel? Yes _____ No _____
- Do you need oil immediately? Yes _____ No _____

By my signature below, I certify that all information provided in this application is true and complete. I understand and agree that New Jersey Citizen Action Oil Group (NJCAOG) is not a dealer, broker, supplier, provider, or distributor of heating oil or petroleum products, nor does NJCAOG provide, sell, service, maintain, or install heating or cooling equipment. I understand that NJCAOG is not responsible for any acts or omissions of heating oil suppliers, service suppliers, or equipment manufacturers/distributor/providers and I agree to hold NJCAOG harmless for any loss of whatever nature I may suffer due to the actions or inactions of any party, whether or not NJCAOG assigned me for purposes of supply of home heating oil, related services, or equipment. I agree to notify NJCAOG in writing no less than thirty (30) days in advance of conversion of my heating equipment from oil to natural or LP gas, if I move to another location, or decide to withdraw from membership in NJCAOG. I understand that membership dues are billed annually and that members who fail to renew will not receive the benefits of the NJCAOG member discounts. THE MEMBERSHIP FEE IS NOT DEDUCTIBLE OR REFUNDABLE.

Signature: _____ Date: _____

Annual Membership Dues (PLEASE CHECK ONE)

- _____ \$30.00 Individual Households
- _____ \$20.00 Senior Citizens (Over 60)
- _____ \$6.00 Each Additional Delivery Address
- _____ \$35.00 Commercial Property
- _____ \$0 LIHEAP Recipient (Proof Required)

Payment Method (DO NOT SEND CASH)

Check #: _____

_____ Visa _____ Mastercard _____ Discover _____ Expiration Date: _____

Card #: _____

Office use only: _____

_____ DE _____ WC _____ Bill