



**TOP UP SCHEME**

**APPLICATION FORM**

**HIGHLAND FUELS DETAILS**

Highland Fuels Account Number: .....

**CUSTOMER DETAILS**

Customer Name: .....

Daytime Telephone Number: .....

Email Address: .....

**PRODUCT DETAILS**

Number of tanks at property: .....

Tank capacity (in litres): .....

Type of fuel used (please tick):

Kerosene

Gas Oil

**PLEASE ANSWER THE FOLLOWING QUESTIONS**

Over the past few years, have you solely bought your fuel from Highland Fuels:  Yes  No

If you answered 'No' to the above, can you tell us you're buying pattern over the past year:

.....  
.....

**TERMS & CONDITIONS**

I have read and understood the Terms & Conditions and I believe to the best of my knowledge that the information I have given is correct.

Customer Signature .....

Date .....

*Please note, the Top-up Scheme is subject to availability in your area.*