



WE CAN HELP INCREASE YOUR CUSTOMER BASE!

NJCAOG was formed over 52 years ago to help combat the rising costs of heating oil. We have since grown into an established business with thousands of members and a growing number of suppliers statewide.

As an agent for thousands of members, the Oil Group negotiates a fixed mark-up above the wholesale price with local dealers. After joining, members are assigned a supplier, then they simply call the supplier and make arrangements for fuel delivery, but at the Oil Group's price. We also offer friendly customer assistance, which means less hassle for you.

We connect consumers with suppliers throughout the state of New Jersey. Our Non-Profit status and connections to over 100 affiliated organizations and unions makes us a recognizable and trusted name in the community. We have direct access and marketing connections that are not available to most retailers.

If you want to be a proud member of our team and help New Jersey consumers stay warm, please contact the Oil Group at 800-464-8465, visit us online at www.njcaoilgroup.com or complete and mail this form. Someone from our organization will be in contact with you shortly.

Each year we assign approximately 700 new members to our suppliers. Wouldn't you like to be a part of our team?

WE OFFER OUR SUPPLIERS:

- New Customers
- A Recognizable & Trustworthy Name
- Expert Knowledge of Industry Issues & Trends
- Non-Profit Marketing Rates
- Friendly Customer Assistance



New Jersey Citizen Action Oil Group

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**CALL
1-800-464-8465
FOR MORE
INFORMATION**

NEW JERSEY CITIZEN ACTION OIL GROUP

3262 POMPONI DRIVE
Suite 52:
Cresskill, New Jersey 08256

Phone: 800-464-8465

856-966-3095

Fax: 856-414-1054

Email: oilgroup@njcitizenaction.org

www.njcaoilgroup.com

New Jersey Citizen Action Oil Group Information Request Form
1040 N. Kings Highway
Suite 308
Cherry Hill, NJ 08034
Ph: 800-464-8465 Fx: 856-414-1054
oilgroup@njcitizenaction.org www.njcaoilgroup.com

Please complete all fields and mail or fax to the Oil Group.

Business Name _____ Contact Name _____

Address _____ City _____ State _____ Zip _____ County _____

Coverage Areas (Counties/Towns) _____

Telephone Number _____ Email Address _____

How did you hear about us? _____ Years in Business _____

Delivery Options (please check all that you offer) Automatic _____ Will Call _____ Other _____

Payment Options (please check all that you offer) 20/30 Day Billing _____ Budget Plan _____ Check/MO _____ Credit Card _____ COD _____ Other _____

Please answer the following questions:

Do you provide service plans? _____

Do you provide tank coverage? _____

Do you provide tank removal/remediation? _____