

South Shore Community Action Council, Inc.
71 Obery Street
Plymouth, Ma 02360
(508)746-6707
Fax (508)746-5140
FY2022
Vendor Change Form

Applicant Name _____ **Date** _____

Applicant Address _____ **App#** _____

Our records indicate that you do not have an oil dealer of record, or your oil dealer of record is no longer participating in the Fuel Assistance program.

Please select a dealer who has a fuel assistance contract with SSCAC and who is willing to take you as a new customer. Please give them your name, service address as well as mailing address, and fuel type.

Please indicate your dealer below and return this signed form to us by mail or fax (508)746-6707.

New vendor name: _____

Account Number #: _____

Until SSCAC receives this information that a participating dealer has accepted you, we cannot authorize for any deliveries.

Signature of Fuel Assistance Applicant