



Community Action Program East Central Oregon

Serving Umatilla • Morrow • Gilliam • Wheeler Counties

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VENDOR VERIFICATION FORM

APPLICANT: _____

Name on account _____

The following information was verified by phone with the vendor

Vendor _____ Name of Rep _____

Vendor phone _____

Account # _____ Account balance \$ _____

Oil _____ Propane _____

Residence/Delivery address:

Auth #: _____ amount: \$ _____

Applicant out of fuel: Yes / No

Comments:

Intake worker

Date

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