

ACCOUNT INFORMATION FORM

<u>LOCATION INFORMATION</u>	<u>PRODUCT</u>	<u>TANK CAPACITY</u>	<u>TANK DIAMETER</u>
NAME _____	U/L: _____	_____	_____
D/B/A - BRAND _____	PLUS: _____	_____	_____
ADDRESS _____	S/N/L: _____	_____	_____
_____	DIESEL: _____	_____	_____
CONTACT PERSON: _____	KERO: _____	_____	_____
TELE #. _____	FUEL OIL: _____	_____	_____
HOME #: _____	SOCIAL SECURITY #: _____	_____	_____
_____	PLEASE FAX COPY	_____	_____
FAX #: _____	DRIVER'S LICENSE #: _____	_____	_____
_____	PLEASE FAX COPY	_____	_____
CELL PHONE #: _____	SELLER'S USER LIC#: _____	_____	_____
_____	PLEASE FAX COPY	_____	_____
BILLING ADDRESS: _____	USTC #: _____	_____	_____
_____	PLEASE FAX COPY	_____	_____
_____	FEDERAL ID#: _____	_____	_____

OFFICERS OF COMPANY/OWNER:

NAME: _____	TITLE: _____
ADDRESS: _____	_____
NAME: _____	TITLE: _____
ADDRESS: _____	_____
NAME: _____	TITLE: _____
ADDRESS: _____	_____

(PLEASE PRINT NAMES)

DIRECTIONS TO LOCATION

CONTACT DATE: _____ APPROVED CREDIT TERMS: _____

AUTHORIZATION IS HEREBY GIVEN TO DO A CREDIT CHECK.

SIGNATURE OF RESPONSIBLE PARTIES: _____
