



1950 ROYAL INDUSTRIAL BLVD.
P.O. BOX 190
AUSTELL, GA 30168
770-944-8296 OFFICE – 770-944-1581 (FAX)

NEW CUSTOMER ACCOUNT INFORMATION

DATE _____ ACCOUNT REP _____

=====

COMPANY INFORMATION

COMPANY NAME _____

BILLING ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

PHONE NO. _____ FAX NO. _____

PRIMARY CONTACT _____ TITLE _____

E-MAIL ADDRESS _____

ACCOUNTING CONTACT _____ TITLE _____

E-MAIL ADDRESS _____

SPECIAL PRICING INFORMATION: _____

ESTIMATED MONTHLY VOLUME _____ (gallons)

=====

CUSTOMER TYPE

FUEL-RETAIL _____ FUEL-COMMERCIAL _____ FUEL-FARM _____ FUEL-CONTRACTORS _____

FUEL-HOME HEAT _____ FUEL-GOVERNMENT _____ LUBRICANTS _____

=====

PAYMENT TYPE

CREDIT TERMS _____ CASH/CREDIT CARD _____ PURCHASE ORDER _____

=====

COMPANY STRUCTURE

PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION _____ LLC _____

OWNER(S) NAME _____ TITLE _____ SOCIAL SECURITY NO. _____

FED. EMP ID# _____ SALES TAX EXEMPTION # _____
(include copy of GA Sales Tax exemption form)

NOTE: SALES TAXES WILL BE CHARGED UNLESS A GEORGIA SALES TAX EXEMPTION FORM IS INCLUDED.

HOW LONG IN BUSINESS AT CURRENT ADDRESS _____ DATE OF INC. _____

IS BUSINESS PROPERTY OWNED? _____ LEASED? _____



CURRENT SUPPLIER:

Fuel _____ Lubrication Products _____

Company _____

Address _____

City _____ STATE _____ ZIP _____

FAX# _____

Shipping addresses

Street Address _____

City _____ State _____ Zip code _____

Phone no. _____ Fax no. _____

Contact Person: _____ Cell Phone no. _____

Special Instructions: _____ Deliver Hours? _____

Tank Size _____ Above Ground? _____ Below Ground? _____ Product(s): Gas _____ Diesel _____ Dyed _____ Clear _____
(gallons)

Street Address _____

City _____ State _____ Zip code _____

Phone no. _____ Fax no. _____

Contact Person: _____ Cell Phone no. _____

Special Instructions: _____

Tank Size _____ Above Ground? _____ Below Ground? _____ Product(s): Gas _____ Diesel _____ Dyed _____ Clear _____
(gallons)

Street Address _____

City _____ State _____ Zip code _____

Phone no. _____ Fax no. _____

Contact Person: _____ Cell Phone no. _____

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