

CUSTOMER INFORMATION SHEET

Date: _____

Salesman: _____

Billing Information - Master Account Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Does customer really need a statement?

Auto Fax invoices? Yes - Fax # and Name _____

Add this customer to Petrotel? _____ (Submit Petro Tel form to General Manager for approval)

E-Mail invoices? Yes - E-Mail address _____

Ship To Information - Alternate Information (BE SPECIFIC) Location Name: _____

Purchasing/Field Contact: _____ Phone: _____

Address/Cross St's.: _____

County: _____ State _____ Zip _____

Resale/Exempt/Deliver Information

Products to be used for resale?	Yes/Cert. Obtained	No
SBOE Farmers Exempt on Clear Diesel?	Yes/Cert. Obtained	No
User of Dyed Diesel?	Yes/Cert. Obtained	No
Underground Storage Certificate Needed?	Yes/Cert. Obtained	No
Qualifies for Partial Sales Tax Exemption? (LPG/FUEL/PARTS/LUBES)	Yes/Cert. Obtained	No

Weigh In & Out?

Signature Needed?

P/O Needed?

Product/Terms/Pricing Information (Circle products & enter monthly usage & pricing levels otherwise pricing will default to level 4)

CLDSL	DDSL	GAS	LPG	LUBRICANTS	EQUIP	LEVELCON
T/T	10days	\$_____ a month	Tank Size _____	Price level: _____		
T/T	30days	\$_____ a month	Tank Size _____	Price level: _____		
T/T	30days	\$_____ a month	Tank Size _____	Price level: _____		
T/T	30days	\$_____ a month	Tank Size _____	Price level: _____		
T/T	30days	\$_____ a month	Tank Size _____	Price level: _____		

Bulk Lubricant Products: _____

Are any deliveries to be keep fulls? _____ If Yes. What is frequency? _____

Comments: _____