



Customer Account Setup Information

Name: _____

Billing Address: _____

Contact Info: Name: _____

P.O. Required: Y N EOC Statement: Y N 1099 Required: Y N

FEIN #: _____ State Sales Tax #: _____

County Sales Tax #: _____ City Sales Tax #: _____

Delivery Locations

Name: _____

Street Address: _____

Contact Info: Name: _____ Phone: _____

Tax Jurisdictions City: _____ County: _____ State: _____

Within City Limits: Y N Police Jurisdiction: (outside city limits) Y N
(i.e. What sales tax do you pay?)

Products: 87 89 93 DSL DYED DSL K1 E10 CONV Please circle

Monthly Volume in Gallons: _____

Name: _____

Street Address: _____

Contact Info: Name: _____ Phone: _____

Tax Jurisdictions City: _____ County: _____ State: _____

Within City Limits: Y N Police Jurisdiction: (outside city limits) Y N
(i.e. What sales tax do you pay?)

Products: 87 89 93 DSL DYED DSL K1 E10 CONV Please circle

Monthly Volume in Gallons: _____

Completed By: _____ Date: _____

- **GET COPY OF DRIVER'S LICENSE AND PASSPORT**