

CUSTOMER DATA SHEET

04/22/09

***Please Note: Complete destination information is required; **CITY, COUNTY, ST, & ZIP CODE**, in order to complete your account set-up.

NEW CUSTOMER
 NEW LOCATION(S)
 NEW DESTINATION(S)
 NEW CARRIER(S)
 NEW PRODUCT(S)

OFFICE USE ONLY	<input type="checkbox"/> RE-INSTATE CUSTOMER	<input type="checkbox"/> TEMPORARY LOCK OUT	<input type="checkbox"/> CANCEL CUSTOMER
Sales Organization	_____	_____	
Customer Classification	_____	_____	
Distribution Channel	_____	_____	Terms: _____
Sales Office	_____	_____	

CUSTOMER NAME: _____	PHONE: _____
PHYSICAL ADDRESS: _____	FAX: _____
BILLING ADDRESS: _____	SAP #: _____
CONTACT PERSON: _____	FEIN #: _____
EMAIL ADDRESS: _____	REP #: _____

How does your company receive prices?
 DTN - TID # _____
 FAX # _____
 OTHER _____

How does your company receive invoices and EFT notices?
 DTN
 FAX
 OTHER _____

SUPPLY POINTS	MONTHLY PRODUCT QUANTITIES							FRT RATES					
TERMINAL-CITY/STATE	UNLEADED	MIDGRADE	SUPER	LSD	DYED LSD	HSD	JET	CPU <input type="checkbox"/>	DLV <input type="checkbox"/>	PL <input type="checkbox"/>	GAS	DSL	JET

Primary
 Secondary
 DS Brand
 Shamrock
 TPI
 Valer
 Beacon
 UNBRANDED

CARRIER NAME & FEIN	SCAC CODE	CITY/COUNTY/ST& ZIP CODE	DESTINATION	PETROEX/CARD	Please state if blended cards are required <input type="checkbox"/> 7% <input type="checkbox"/> 10% <input type="checkbox"/> Gasohol Please state if RFG is required Yes
_____	_____	_____	_____	_____	

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COMMENTS:

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APPROVAL	OFFICE USE ONLY
	Administrator _____ Set up Spec Pricing _____ Req Loading Cards _____ Set up Freight _____ Req Ship To _____ Show Freight Yes <input type="checkbox"/> No <input type="checkbox"/> Req DTN _____ FAX Web Page _____
Date: _____	

If you have any questions regarding this form, please contact: Customer Support at 1-877-825-7225