



CELTIC FUELS

AN AUTHORIZED  UNBRANDED RESELLER

CLIENT QUESTIONNAIRE

Please fill out the sections below and email this questionnaire to info@celtic-fuels.com, to help Celtic Fuels better serve your needs.

Client Information:

- Company Name: _____
- Contact Person: _____
- Phone Number: _____
- Email Address: _____
- Company Address: _____

Fuel Requirements:

1. Fuel Type(s) Requested and Estimated Monthly Volume:

- LPG _____ (in gallons or metric tons)
- Red Dye Diesel _____ (in gallons or metric tons)
- Gasoline _____ (in gallons or metric tons)
- Jet Fuel _____ (in gallons or metric tons)
- Other: _____ (in gallons or metric tons)

2. Target Price:

- LPG _____
- Red Dye Diesel _____
- Gasoline _____
- Jet Fuel _____
- Other: _____

3. Preferred Delivery Method:

- Truck
- Rail
- Pipeline
- Other: _____



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4. Delivery Frequency:

- Weekly
- Bi-weekly
- Monthly
- Other: _____

5. Logistics & Site Information:

- Address: _____
- Loading/Unloading Instructions: _____
- Access Restrictions: _____
- Preferred Delivery Times: _____

6. Banking Information: *(Required for processing payments and account verification)*

- Bank Name: _____
- Bank Address: _____
- Bank Contact Person: _____
- Bank Phone Number: _____
- Routing Number: _____
- Account Number: _____

7. Additional Notes or Requirements:

For Internal Use (Celtic Oak Capital):

Date Received: _____

Reviewed By: _____

Notes: _____