



Customer Information Sheet

Company Name: _____

Primary Contact: _____

Phone: _____

E-Mail: _____

Locations you wish to pull fuel from: _____

Carrier Name, SCAC Code, and FEIN # for carrier(s) that are to be cleared to load:

DTN Number or E-Mail for pricing to be sent to: _____

Tax Exemptions: _____

Please list supplier numbers and/or certificate numbers. Copies of any exemption forms or licenses must accompany this form.

Federal Employment Identification Number if not provided on the application: _____

Appropriate E-Mail Address for:

Draft Notices: _____

Invoices: _____

General inquiries: _____

Please Remit To:
3775 North Freeway Blvd #101
Sacramento CA 95834
Or Fax To:
916-371-4656