

Date _____

New Wholesale/Retailer Account Set-Up Form

Owner Information

Owner Name: _____
Owner Corporate Name: _____
Owner Corporate Address: _____
Owner Home Phone: _____ Cell: _____
Owner Fax: _____
Owner E-mail Address _____
SSN / FIN #: _____

Site Information

Clipper Account #: _____
Site Business Name: _____
Site / Delivery Address: _____
City: _____ State: _____ Zip Code: _____ County: _____
Site Phone: _____ Site Fax: _____
Manager / On Site Contact Name: _____
Emergency Contact Information _____
Site E-mail Address: _____
Alternate E-mail Address: _____
Sales & Use Tax #: _____
Brand: _____ Brand Acct. # _____
Date Open for Business _____

Underground Storage Tank Information

| <u>Product</u> | <u>Tank Size</u> |
|----------------|------------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Internal Use Only:

Supply Terminal: _____
Freight Rate: Gas _____ Diesel _____
Brand Account #: _____
Brand Credit Card #: _____
Jobber Markup: Rack + _____
Payment Terms: _____
EFT Authorization Form Attached: _____
Comments: _____
