



GULF COAST OIL & SUPPLY, LLC

New Account Information

Date _____

Customer Name _____ Account # _____

Shipping Address _____

Billing Address _____

Telephone _____ Fax _____

Main Contact Name _____ Cell Phone _____

Salesman _____ Territory _____

Tax Exemption # _____

Contacts

Name	Email Address	Title
_____	_____	___ Owner/Manager ___
_____	_____	Purchaser _____
_____	_____	_____

----- Customer: please leave the following blank, it is for internal use. -----

Type of Business _____

Order Type (choose one or both) Package Bulk

Delivery Type (choose most typical) Delivered Pick-Up

Order Size (choose most typical) Full Load LTL Route Other

Current Supplier(s): _____

Estimated Annual Gallons:
