

Rachles/ Michele's Oil Co

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New Customer Form:

NAME OF STOP: _____

DELIVERY ADDRESS: _____

COUNTY: _____

PHONE #: _____

A/P #, EMAIL & CONTACT NAME: _____

TANK CHARTS: YES / NO

AFTER HOURS/ EMERGENCY CELL# & CONTACT: _____

SIZE OF TANK: _____

NUMBER OF TANKS: _____ IF BELOW GRD: STEEL/ FIBER GLASS

ARE TANKS LABELED: YES / NO

LAST TANK INSPECTION DATE: _____

PLEASE CHOOSE ONE: BELOW GROUND OR ABOVE GROUND TANK

(NEED UNDERGROUND STORAGE CERTIFICATE IF BELOW GRD)

BILLING ADDRESS: _____

IS VOUCHER NEEDED FOR PAYMENT: YES / NO

(IF YES PLEASE FAX/EMAIL IT TO US)

PRODUCT (CHOOSE ONE) GASOLINE - REGULAR - PLUS -PREMIUM

ULSD - CLEAR - DYED - HEATING OIL

PLEASE CHOOSE ONE: GRAVITY OR METER DELIVERY

FEDERAL ID#/ TAX EXEMPT#:

(MUST GET FORM 6416 CERTIFICATION FROM IRS)

LOCATION OF TANK: _____

TIMES WE CAN MAKE DELIVERY (4 HOUR WINDOW): _____

SUPERVISOR TO SEE AT TIME OF DELIVERY: _____

PUT ON SCHEDULE? YES / NO -IF YES, HOW OFTEN: _____

ARE ALL REQUIRED MAINTENANCE DONE ON TANK: YES / NO

(ANSWER TO THE BEST OF YOUR KNOWLEDGE)