

5131 Recker Highway
Winter Haven, FL 33880
Tel: 863.965.8788
Fax 863.967.6235



1281 S. Main Street
Belle Glade, FL 33430
Tel: 561.996.6746
www.ssipetro.com

COD CUSTOMER SETUP

COMPANY NAME _____ CONTACT _____

D.B.A. _____ D.E.P. # _____

BILLING ADDRESS _____ TITLE _____

CITY _____ STATE _____ ZIP _____ - _____ COUNTY _____

SHIPPING ADDRESS 1: _____

CITY _____ STATE _____ ZIP _____ - _____ COUNTY _____

SHIPPING ADDRESS 2: _____

CITY _____ STATE _____ ZIP _____ - _____ COUNTY _____

PHONE _____ FAX _____ EMAIL _____

Type of Entity: Proprietorship Partnership Corporation Other: _____

FEIN # _____ Social Security # (If not Incorporated) _____

Date Established _____ Years in present location _____ # of employees _____ Est. annual sales \$ _____

COMPANY OWNERS/OFFICERS

Name	Home Address	Social Security Number	Title
1. _____	_____	_____	_____
2. _____	_____	_____	_____

BANK REFERENCE

BANK NAME _____ CONTACT _____
STREET _____ TITLE _____
CITY _____ STATE _____ ZIP _____ - _____
PHONE _____ FAX _____ EMAIL _____
ACCOUNT NUMBER _____ (Required by Bank Policy and RMA Code of Eth)

OUR TERMS ARE COD OR AS OTHERWISE SPECIFIED. IT IS UNDERSTOOD THAT SHOULD THE BALANCE DUE BECOME PAST DUE, SAID BALANCE WILL ACCRUE LATE CHARGES AT THE RATE OF 1.5% PER MONTH, OR 18% ANNUALLY UNTIL PAID IN FULL.

OWNER/OFFICER SIGNATURE _____ DATE _____

PRINTED NAME _____ TITLE _____

WITNESS SIGNATURE _____ NAME _____

MAIL ORIGINAL SIGNED FORM TO OUR WINTER HAVEN OFFICE AND FAX A COPY TO 863-967-6235 TO EXPEDITE

To be completed by Salesperson

Expected average monthly purchases: Fuels _____ PL _____ Lubes _____ PL _____

Type of Business _____ Salesperson _____ Terms: C.O.D. []

Approved: _____ Date: _____