



COD CUSTOMER SETUP

LEGAL NAME: _____ D.B.A: _____

BILLING ADDRESS: _____ STE #: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

BILLING CONTACT: _____ TITLE: _____

BILLING CONTACT PHONE #: _____ E-MAIL ADDRESS: _____

DELIVERY ADDRESS _____ LOCATION/JOB NAME: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

ON SITE CONTACT NAME: _____ PHONE #: _____

(For more than one shipping address/location, please e-mail them in with your application using the same information as above.)

TYPE OF ENTITY: ☐ Proprietorship ☐ Partnership ☐ Corporation ☐ Other _____

FEIN: _____ SOCIAL SECURITY # (if not incorporated): _____

DATE ESTABLISHED: _____ DEP #: _____ ***Required for fuel tanks over 550 gallons.**

FORM OF PAYMENT: ☐ CHECK ☐ CASH ☐ VISA ☐ MC ☐ AMEX ☐ DISCOVER

CREDIT CARD AUTHORIZATION: ☐ VISA ☐ MC ☐ AMEX ☐ DISCOVER

Please complete fields. This authorization will remain in effect until cancelled. You may cancel this authorization at any time by contacting us at payment@ssipetro.com.

You will be contacted by an SSI representative for credit card information.

NAME ON CARD: _____

CARDHOLDER ADDRESS CITY STATE ZIP

PHONE NUMBER: _____

I hereby authorize SSI Lubricants and any of its subsidiaries to charge the above credit card for agreed upon purchases. I understand that my information will be saved for future transactions on my account. I will receive a copy of the invoice and my card will be charged within 24 hours and emailed to the above contact information.

Customer Signature: _____ Date: _____

SSI Petroleum
877.811.FUEL
www.ssipetro.com

West Palm Beach * Belle Glade * Winter Haven
Port Everglades * Port of Palm Beach * Port of Tampa