

NEW CUSTOMER SETUP FORM

LEGAL NAME:	D.B.A:
TYPE OF BUSINESS:	SIC CODE:
FEIN:	DEP #
PURCHASING CONTACT:	TITLE:
CONTACT PHONE #:	EMAIL:
DELIVERY ADDRESS:	LOCATION/JOB NAME:
CITY:STATE:	ZIP:COUNTY:
ONSITE CONTACT NAME:	PHONE #:
TANKS	
PRODUCT: CAPACITY [GALS]:	DEP# [Applicable if over 550 gallons]
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Please attach additional pages for multiple delivery locations and include all the same information listed above.	
BUSINESS CLASSIFICATION [SELECT ONE]	
Aviation Export Industrial/Construction	ion/Manufacturing State/Local Government
Bunkering Marine Farm/Agriculture	Transportation
Commercial Reseller Federal/Government	t Wholesaler
EXEMPTION	NS & CERTIFICATES
Are Purchases for Resale? 🗌 Yes 🗌 No If YES, attach Resale Exemption Certificate.	
Are you a Licensed Wholesaler? 🗌 Yes 🗌 No If YES, attach Florida & Pollutants License.	
Are Products used in Manufacturing? 🗌 Yes 🗌 No If YES, attach Sales Exemption Certificate.	
Charge Sales Tax on Dyed Fuel? 🗌 Yes 🗌 No If NO, you must self-report taxable purchases on Dyed Fuel.	
Motor Vessel Engaged in Interstate or Foreign Commerce? 🗌 Yes 🗌 No If YES, attach Bunkering Affidavit.	
Are Purchases for Export? 🗌 Yes 🗌 No If YES, Resale Tax Exemption Certificate and Export Bill of Lading for each delivery.	
State and Local Government? 🗌 Yes 🗌 No If YES, attach M & P Form.	
	PETROLEUM