



P.O. BOX 22 LAKELAND, FLORIDA 33802-0022  
TOLL-FREE (800) 282-5678

742 S. Combee Road, Lakeland FL 33801

Phone: 863-665-7557

Main Fax: 863-665-7634

Operations Fax: 863-667-0935

Sales Fax: 863-666-2851

Email Credit@[FleetwingOil.com](mailto:FleetwingOil.com)

Monday – Friday 8 AM – 5 PM

24 hour emergency service available

## FACT SHEET

Fleetwing Corporation is a multi-branded petroleum jobber. Fleetwing distributes petroleum products to the citrus, phosphate and road construction industries, as well as fleet owners, excavators and retail automotive outlets throughout the state of Florida.

### PRODUCT LINES

Gasolines, diesel fuels, heating fuel, bulk and packaged lubricants, grease and solvents.

Air 1: Diesel Exhaust Fluid  
Calumet: Orchex citrus spray oils  
Conoco Lubricating oils and greases  
Fleet: AW Hyd 68, Dex III/Merc ATF, 5W20, 5W30 and 10W30  
John Deere: Torq-Gard and Hy-Gard  
Kendall: Automotive lubricants  
Mobil: Lubricating oils and greases  
Phillips: Aviation oils

### FUEL LOCK – CONVENIENCE STORE DIVISION

Fleetwing Corporation offers their complete line of products directly to the general public at its headquarters in Lakeland, Florida. The company also markets gasoline and diesel fuel through its card activated fueling station located at the Combee Road complex.

### FACILITIES

Fleetwing Corporation's headquarters, warehouses and petroleum storage facilities are located on a 25-acre tract on Combee Road in Lakeland. The corporate complex encompasses an administration and office building, a dispatch center and sales office, a maintenance shop, and 20,000 square feet of warehouse space.

Fleetwing's East Coast facility distributes bulk and packaged lubricants, gasolines, diesel fuels and chemicals. This location also offers marine fueling and job site deliveries.

### FLEET

11 tractors, 54 transport trailers, 18 tank wagons (1,400 to 5,000 gallon capacity), 4 vans for package delivery and 2 service trucks.

### TANK FARMS

600,000 gallons of storage capacity for lubricants  
140,000 gallons of storage capacity for fuels

### OIL ANALYSIS

Fleetwing Corporation offers several oil analysis programs to assist you with your preventive maintenance program. Critical results are emailed, telephoned or faxed immediately to the customer.

### EMPLOYEES

Fleetwing employs approximately 74 employees.

### HISTORY

Fleetwing Corporation was established in 1956 under the name of C. Wilson Oil Corporation, and purchased in 1958 by Walter and Elizabeth Smith. In 1965 the name was changed to Fleetwing Corporation and the company relocated from Bartow to the current location on Combee Road in Lakeland Florida. The corporation is still family owned and operated.

### OFFICERS

C. Andy Wike, President  
Cecilia Smith, Executive Director



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PHONE (863) 665-7557 TOLL-FREE (800) 282-5678 FAX (863) 665-7634

Date: \_\_\_\_\_

Salesperson # \_\_\_\_\_

Name of Business (Billing Address)

Company Name: \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Billing Address: \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Form of Business  Proprietorship  Partnership  Corporation  Other  
(Check applicable box)

Type of Business: \_\_\_\_\_ Years in Operation: \_\_\_\_\_

Resident Agent: \_\_\_\_\_ Address: \_\_\_\_\_

Owner/President: \_\_\_\_\_ V/Pres: \_\_\_\_\_

S.S. # of Owners (if other than Corp.) Pres: \_\_\_\_\_ V/Pres: \_\_\_\_\_

Corp. Fed ID#: \_\_\_\_\_ Dunn & Bradstreet #: \_\_\_\_\_ Facility ID#: \_\_\_\_\_

Charge Sales Tax  Do Not Charge Sales Tax Certificate #: \_\_\_\_\_

**If Exempt include copy of current exemption certificate**

(Reason for exemption): \_\_\_\_\_

Payables Person to Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Are Purchase Orders required to charge on your account?  Yes  No

Product Volume Required per month: Fuels \_\_\_\_\_ Lubricants \_\_\_\_\_ Card Lock \_\_\_\_\_

Requested line of credit if approved: \$ \_\_\_\_\_

Bank Reference: \_\_\_\_\_

Bank Name Address City State Zip

Account # (s) Bank Contact

Bank Reference: \_\_\_\_\_

Bank Name Address City State Zip

Account # (s) Bank Contact





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### SALES TAX ON OFF ROAD DIESEL

\_\_\_\_ Yes, I want to be charged sales tax on my off road diesel purchases.

\_\_\_\_ NO, do not charge sales tax on my off road diesel purchases. I will be responsible for paying the tax to Florida Department of Revenue

Use tax due on dyed diesel fuel (off road diesel) must be reported on a Sales Tax and Use Tax Return (form DR-15). Refer to Department of Revenue for more information.

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Company Name: \_\_\_\_\_



P.O.BOX 22 LAKE LAND, FLORIDA 33802-0022  
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EXEMPTION CERTIFICATE

CERTAIN POWER FARM EQUIPMENT, REPAIRS, PARTS, OR ACCESSORIES

This is to certify that the power farm equipment, repairs, parts, or accessories described below, purchased or repaired on or after \_\_\_\_\_ (date) from \_\_\_\_\_ (Selling Dealer's Business Name) is purchased, repaired, leased, licensed, or rented for the following purpose:

- ( ) Power farm equipment or irrigation equipment for exclusive use in the agricultural production of crops or products, as produced by those agricultural industries included in s. 570.02(1), F.S., or
- ( ) Power farm equipment or irrigation equipment for exclusive use in fire prevention and suppression work for such crops or products, as produced by those agricultural industries included in s. 570.02(1), F.S., or
- ( ) Repairs to, or parts and accessories for, qualifying power farm equipment or irrigation equipment for exclusive use in the agricultural production of crops or products, as produced by those agricultural industries included in s. 570.02(1), F.S., or
- ( ) Repairs to, or parts and accessories for, qualifying power farm equipment or irrigation equipment for exclusive use in fire prevention and suppression work for such crops or products, as produced by those agricultural industries included in s. 570.02(1), F.S.

POWER FARM EQUIPMENT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that if I use the equipment for any purpose other than the ones stated above, I must pay tax on the purchase or lease price of the taxable item directly to the Department of Revenue. I understand that if I fraudulently issue this certificate to evade the payment of sales tax, I will be liable for payment of the sales tax plus a penalty of 200% of the tax and may be subject to conviction of a third-degree felony.

The exemption specified by the purchaser may be verified by calling 800-352-3671.

Purchaser's Name: \_\_\_\_\_

Purchaser's Address: \_\_\_\_\_

Name and Title of Purchaser's Authorized Representative:

\_\_\_\_\_

By: \_\_\_\_\_

(Signature of Purchaser or Authorized Representative)

Date: \_\_\_\_\_



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## EASY PAY SIGN UP FORM

I, \_\_\_\_\_  
Name Title

Of \_\_\_\_\_  
Name of Business

Give Fleetwing Corporation permission to EFT account

# \_\_\_\_\_ of \_\_\_\_\_

Bank of \_\_\_\_\_ with transit and routing # \_\_\_\_\_

as payment for invoices with agreed terms. This will be effective \_\_\_\_\_  
Date

\_\_\_\_\_

**Please attach a copy of voided check.**



# JOB INFORMATION SHEET



Fax completed form to  
863-665-7634 or email to  
Credit@FleetwingOil.com

Customer: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Customer:  Owner     General Contractor     Subcontractor     Material Supplier     Other

## PROJECT INFORMATION

NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## PRIME CONTRACTOR

NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## OWNER/AWARDING AUTHORITY

NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## PRIME'S BONDING COMPANY

NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## LENDER

NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## SUBCONTRACTOR

NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## ARCHITECT

NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## SUB'S BONDING COMPANY

NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Estimated Monthly Gallons: \_\_\_\_\_ Estimated Job Duration: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company \_\_\_\_\_