

COD Account Application

P.O.BOX 22 LAKELAND, FL 33802-0022 PHONE (863) 665-7557 TOLL-FREE (800) 282-5678 FAX (863) 665-7634

Customer Information (please print)

Purchasing Contact	Phone	PhoneCredit Amount Requested		
Company Legal Name		D/B/A		
Phone Fax		E-mail		
Business Address	City	County	State	Zip
Delivery Address	City	County	State	_ Zip
Check One: □Charge us sales tax	\square We buy for r	resale \Box Charge	e Sales Tax on D	yed Diesel
\Box Do not Charge Sales Tax on Dyed Diesel				
If Sales Tax Exempt please provide a G	copy of resale certifica	te or Fleetwing must cl	narge applicable S	Sales Tax
Credit Card Informat	ion – needed for (Credit Card Account	Only	
address on Card (if different from abov IGNATURE MUST BE THAT OF A PR required.	INCIPAL. If prope Current Fuel/Oil	erty is owned in join Supplier		
Company Name	Contact Name			
Phone		Fax		
 A \$ 75.00 charge will be added to a pay for the load. Any fuel deliveries less than 150 gs Payment must be presented to driv products begins. A \$45.00 charge will be added for a loads will require payment by cash PERSONAL GUARANTY: The und is delivered. 	allons are subject to a \$10 er and Credit Card purch ny check or credit card tra ier's check. dersigned hereby guaranta	could not deliver because cus 0.00 additional charge. ases must be called in and ap ansaction returned as Insuffic ees, absolutely and uncondition	proved before off-load sient Funds. All subse onally; full payment w	ling of quent then product
I HAVE READ, UNDERSTAND, AC				ITIONS.
must be s	igned by Company	Owner or Corporate (Jincer	
Print Name		Title		
Signature		Date		