



CUSTOMER PROFILE

| | | | |
|--|---|---------------------------------|---|
| Customer Name: | Phone: | | |
| Billing Address: | Fax: | | |
| | Purchasing Contact: | | |
| Shipping Address: | A/P Contact: | | |
| | Receiving Contact: | | |
| Quote E-Mail Address/Fax Number: | | | |
| Invoice E-Mail Address/Fax Number: | | | |
| Order Acknowledgement E-Mail Address/Fax Number: | | | |
| MSDS E-Mail Address/Fax Number: | | | |
| Receiving Hours: | Receiving Phone: | | |
| MSDS Required | Y <input type="checkbox"/> N <input type="checkbox"/> | C of A required | Y <input type="checkbox"/> N <input type="checkbox"/> |
| End User | Y <input type="checkbox"/> N <input type="checkbox"/> | Resale | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Special Markings? (Codes on Products) | | | |
| Wipe down drums for F.G. or USP | Y <input type="checkbox"/> N <input type="checkbox"/> | | |
| Delivery location in city limits? | Y <input type="checkbox"/> N <input type="checkbox"/> | Bill to location in city | Y <input type="checkbox"/> N <input type="checkbox"/> |
| County of Bill-to location | | County of Del location | |
| Products Exempt (Furnish a copy of Tax Exempt Certificate if Yes) | | | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Products Taxable | Y <input type="checkbox"/> N <input type="checkbox"/> | | |

DELIVERY INFORMATION

| | | | |
|---|---|-------------------------------|---|
| Dock | Y <input type="checkbox"/> N <input type="checkbox"/> | Dock Height | |
| Power Tailgate Needed | Y <input type="checkbox"/> N <input type="checkbox"/> | Forklift on Site | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Palletjack on Site | Y <input type="checkbox"/> N <input type="checkbox"/> | Assistance Available | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Residential Area | Y <input type="checkbox"/> N <input type="checkbox"/> | Can a semi get in | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Bulk Delivery | Y <input type="checkbox"/> N <input type="checkbox"/> | Quantity per shipment | |
| Size of Tank | | Fittings Required | |
| Feet of Hose Required | | Type of Fill Line | |
| Is Air required on the Truck | Y <input type="checkbox"/> N <input type="checkbox"/> | Is Plant Air Available | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Do you have a safety shower or eye wash facility available at this site? | | | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Special Instructions for Delivery | | | |