



## COD CUSTOMER SETUP

LEGAL NAME OF BUSINESS OR INDIVIDUAL: \_\_\_\_\_ 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.

**COPY OF DRIVERS LICENSE REQUIRED\*\*\*\***

**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](mailto: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](http://www.ssipetro.com)

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