FLEET FUELING CUSTOMER SET-UP

Please fill in your requirements per unit.

Company Name _____

Phone Number _____

Fax Number _____

Authorized Company Contact _____

Job Site_____ Contact _____ Phone Number_____

Time frame _____

Associated Petroleum Products, Inc.
Corporate Headquarters
2320 Milwaukee Way ● PO Box 1397
Tacoma, WA 98401-1397
Phone: (253) 627-6179 Fax: (253) 627-3637
www.associatedpetroleum.com

***Please make additional copies if space requires**

Equipment # The identification you would like to see on your detailed invoice	**Vehicle Description**	**Brand**	**Color**	**License plate #**	**On road** **X**	**Off road** **X**	**Rental** **Y/N**	**Barcode** (APP use only)