

GENERATOR FUELING INFORMATION



COMPANY: _____

SHIP TO ADDRESS (STREET/CITY/ZIP): _____

PHONE: _____ CONTACT: _____

BILL TO ADDRESS (IF DIFFERENT): _____

EMERGENCY CONTACT

BUSINESS PHONE: _____ CELL: _____ HOME: _____

DIRECTIONS FROM CHAGRIN FALLS TO FUEL SITE:

TANK SIZE: _____ NUMBER OF TANKS: _____

LOCATION OF TANKS: _____

LOCATION OF FILL TUBE: _____

ANY ACCESS INFO (GATES, GUARDS, LOCKS, ETC.) _____

IS KEY REQUIRED? _____ WHO HAS KEY? _____

PRODUCT GAS OFF-ROAD DIESEL

HOW OFTEN ARE TEST CYCLES RUN? _____ HOW LONG? _____

PROJECTED FUEL USE (CONSUMPTION RATE IN GALS/HOUR) _____

WHAT IS GENERATOR USED FOR? _____

TICKETS LEFT AT LOCATION? _____ MAILED TO OFFICE? _____

SIGNATURE _____ DATE ____/____/____

Please attach any additional information you feel would help us serve your fuel needs (maps, diagrams, additional contacts, phone numbers, etc.)

