



ACCOUNT INFORMATION

NAME OF OWNER: _____

CONTACT NAME (if different): _____

COMPANY NAME: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WORK #: _____ CELL #: _____ FAX#: _____

EMAIL: _____

WEB ADDRESS: _____

ARE YOU TAX EXEMPT? YES _____ NO _____

IF YES, PLEASE COMPLETE ATTACHED RESALE CERTIFICATE AND FAX OR MAIL TO:

FORD'S FUEL SERVICE, INC.
4115 HOLLY STREET
LORIS, SC 29569
(843)756-3918
(843)756-3920 (FAX)