

**Dime Oil Company Delivery Information Form for Generators**

Agency Name: \_\_\_\_\_ Location Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Town/City Zip Code

Special Directions: \_\_\_\_\_  
\_\_\_\_\_

Delivery Contact: \_\_\_\_\_ Location Phone #: \_\_\_\_\_

**Employee Cell Phone: \_\_\_\_\_ *Please provide contact on site that we can contact 20-30 minutes prior to arrival to meet us at the time of delivery.***

Hours of Operation: Open \_\_\_\_\_ Close \_\_\_\_\_ Days: \_\_\_\_\_

Tank Size: \_\_\_\_\_ gallons Current Tank Reading: \_\_\_\_\_ inches or gauge reading

Tank Location: \_\_\_\_\_  
\_\_\_\_\_

*Example: tank is in the back of the building near the loading dock.*

Fuel type needed: \_\_\_\_\_

Is the cap on the tank locked? Yes \_\_\_ No \_\_\_

Is the tank inside a locked enclosure? Yes \_\_\_ No \_\_\_

Is the tank behind a locked gate? Yes \_\_\_ No \_\_\_

Is there a Security Gate/ Personnel? Yes \_\_\_ No \_\_\_

If yes please explain procedure: \_\_\_\_\_  
\_\_\_\_\_

Accts payable contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Bill to Address: \_\_\_\_\_

Fax: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Purchase Order Number if required: \_\_\_\_\_ *Please submit copy with this Form.*

Please Email form to: **orders@dimeoil.com**

*Thank you for your cooperation.*

*Any questions please call (203)754-5334*