

Municipality: _____ **Location Name:** _____

Address: _____
Street (Physical Street Address Ex: 123 Mine St) _____ Town/City _____ Zip Code _____
(NOT Route 109, An actual address Please. Our Trucks use GPS to Find Street Locations)

Special Directions: _____

Hours of Operation: Open _____ **Close** _____ **S M T W T F S** *circle all days open*

Delivery Contact: _____ **Location Phone #:** _____

Cell Ph# for emergency contact: _____ **Name:** _____

Tank Capacity: _____ gallons **Tank Depth:** _____ inches

Tank Type: _____ **Fuel Type:** _____

Access Type: _____ **Combination:** _____ **Gate:** _____

Is Location dual fuel? _____ **If yes what type of fuel?** _____

Tank Location: _____

Please NO Compass References like NW Corner, use landmarks- Ex: tank is in rear of building 10 feet from the dumpster.

If this is a newly awarded contract with Dime Oil Co for HEATING OIL deliveries to your town/city please include the estimated usage for this location. This will help us calculate when you will need fuel on an automatic degree day system. (Tank readings can also be Emailed Weekly to orders@dimeoil.com)

1. Estimated yearly usage: _____ gallons.
2. On automatic delivery we use degree days to calculate when your next delivery is due. On a will call system it is the Town/City's responsibility to call our office when the location is due for oil. **Is this location to be on Automatic delivery or on Will Call delivery?** _____.

(Note: Gasoline and Diesel Fuel can not be put on automatic delivery without 12 months usage. We will schedule deliveries based on your typical usage however all deliveries needed outside of your normal routine delivery schedule MUST be called into our office).

Accts payable contact: _____

Purchase Order Required: _____ (Provide P.O. Number & Attach Copy)

Bill to Address: _____

A/P Phone#: _____ **A/P Email:** _____

Please FAX form to: **203-754-0790**
Or Email to: **beth@dimeoil.com**

*Thank you for your cooperation.
Any questions please call
(203)754-5334.*