

Customer Profile

Company Name: _____
Billing Address: _____
City, State & Zip: _____
Dugas Oil Account #: _____

Contact Name: _____
Phone Number: _____
Fax Number: _____

	Employee ID # (Number Only)	Driver Name (Last Name, First Name)	Vehicle # (Optional) (Number Only)	Vehicle Description	Allowed Purchases (See Below)	Odometer Required? (Optional)	Days of Week Allowed to Use Card	Card Number Dugas Oil Use Only
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Allowed Purchases: 1=Gas 4=Diesel 5=Oils 6=Merchandise 9=Allow All

Issue Cards To: **DRIVER.** Ask for Vehicle # at time of sale? Yes No
 VEHICLE. Ask for Driver # at time of sale? Yes No

Statement Format Sort Order: (Check One)

By Driver By Vehicle By Transaction Date

Authorized Signature

If you have any questions, please call Dugas Oil Co. @ (337)-828-1182. P.O. Box 265, Franklin, LA 70538. Fax #: 337-828-1399 _____
Date