

TOTAL FUEL SOLUTIONS LLC

DEALER INFORMATION SHEET

Date _____ / _____ / _____ Salesman _____

Business Name _____

Billing Address:

Street Address _____

Unit Number _____

City / State / Zip _____ / _____ / _____

Ship To: Same as above _____ (check)

Business Name _____

Street Address _____

Unit Number _____

City / State / Zip _____ / _____ / _____

Phone #1 (_____) _____ - _____

Phone #2 (_____) _____ - _____

Fax# (_____) _____ - _____

E-Mail _____ @ _____

Web Site [www.](#) _____

Contact Person _____

Title _____

Florida Sales Tax # _____ ** YOU MUST MAIL A

SIGNED COPY TO TFS

Notes: _____

Please

Fax To: 888-521-6131

Mail To: Total Fuel Solutions Llc
4442 N. Morris Street
St. Petersburg, FL 33714