

Customer Information – COD Only

PAYMENT IS DUE AT TIME OF PURCHASE

Date: _____

Sales Representative: _____



WESTERN STATES PETROLEUM, INC.

Please complete and return to: 450 S. 15th Ave. (602) 252-4011
Phoenix, AZ 85007 (602) 340-9621 Fax

Legal Business Name: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

Federal Tax I.D. #: _____ State Tax #: _____ How long in Business at this address: _____yrs.

IF LESS THAN ONE (1) YEAR, PLEASE GIVE PREVIOUS ADDRESS: _____

Type of Business: _____

IF PARTNERSHIP OR PROPRIETORSHIP:

	Name	Home Address	City, State, Zip
1.			
2.			

IF CORPORATION:

Title	Name	Home Address	Social Security #
President			
Vice President			
Secretary			
Treasurer			

BY: _____

Owner/Corporate Officers/Co-Partner

Printed Name and Title: _____

Business check will be accepted with PRIOR approval and proper identification. We will require a copy of your driver license. In the event your check is returned for any given reason from your bank, we will require payment with cashier check or credit card only. We will charge an additional \$50 for each returned check.

****BAD CHECK VIOLATIONS ARE FORWARDED TO THE MARICOPA COUNTY ATTORNEY FOR CRIMINAL PROSECUTION****