



PART

Vendor Information Form

Form is to be completed by the vendor providing information on ULSD Fuel Delivery

Date: _____

Phone #: _____

Contact Person: _____

Fax #: _____

Vendor name: _____

Email: _____

Mailing address: _____

Web-site: _____

City, State, Zip: _____

Product or
Service
Provided: _____

Reference 1: _____

Reference 2: _____

*Note: Fuel is required to be delivered same day as requested and its awarded by 9 AM