



AIRPORT FUELING INFORMATION SHEET

Customer /Airport Location

Dealer

Web Site

Hours of Operation (Weekday) (Weekend)

ADDRESS INFO

911 Address

Phone

Town

Fax

Postal Code

CONTACT INFO

	Name	Work Phone	Cell Phone	Email
Primary Contact Person	<input type="text"/>			

	Name	Work Phone	Cell Phone	Email
Air Port Manager	<input type="text"/>			

FUEL INFORMATION

Current Supplier

Aviation Fuel Available on Site

Storage Capacity (Litres)

(Above / Under Ground)

Cabinet

Refuelers

Annual Estimated Sales Volume (K Litres)

JETA1

AVGAS

Refueling Assets Owned By

POSTED AIRFIELD FUEL PRICES (Please fill in what you can)

Pricing Date

Cost (Excluding GST)

Airport Fee

Margin

Retail

Discounts - Tenants

JETA1

AVGAS

SPECIAL INSTRUCTIONS / COMMENTS

How to Contact Us

Phone 519-524-8386

Fax 519-524-8388

aviation@edwardfuels.on.ca

www.edwardfuels.on.ca

Customer Information				Mailing Address (If Different from Delivery Address)			
Business/Co. Name				911 Address			
First Name		Initial	Last Name		P.O. Address		
S.I.N.				City			
Date of Birth (Month/Day/Year)				Province		Postal Code	
Spouse Information				Corporation Information			
Business/Company Name				Corporate Name			
First Name		Initial	Last Name		Directors (Name & Address)		Officers (Name & Title)
S.I.N.							
Date of Birth (Month/Day/Year)							
Banking Information				PST Exemptions			
Bank Name		Branch Location		<input type="checkbox"/> PST Exempt		PST #	
Credit References (3)				Air Miles Information			
Organization Name				<input type="checkbox"/> New Air Miles Account #			
Contact Person				<input type="checkbox"/> Current Air Miles Account #			
Phone #							
Organization Name				Other Info			
Contact Person							
Phone #							
Organization Name							
Contact Person							
Phone #							

I hereby grant Edward Fuels Limited permission to confirm this information with the references listed or with any credit information service.

Date: _____ Signature(s): _____

For Office Use Only								
Customer #		Type		Account Size		Pricing Information		
Account Number		<input type="checkbox"/> Individual/Family		<input type="checkbox"/> Small				
Referral Information		<input type="checkbox"/> Proprietorship		<input type="checkbox"/> Medium				
<input type="checkbox"/> Salesperson <input type="checkbox"/> Other		<input type="checkbox"/> Partnership		<input type="checkbox"/> Large				
		<input type="checkbox"/> Corporation		<input type="checkbox"/> Other				
Territory / Zone				Terms				
				<input type="checkbox"/> 10 Days		<input type="checkbox"/> C.O.D. (Cash on Delivery / Credit Card)		
				Credit Card #				
				<input type="checkbox"/> 24 Hour Early Payment Program (EPP)		EPP Discount		
Products				Credit Limit				
<input type="checkbox"/> Gas		<input type="checkbox"/> Furnace Oil	<input type="checkbox"/> Mk Diesel	<input type="checkbox"/> Oil	Credit Limit		Credit Notes	
<input type="checkbox"/> Diesel		<input type="checkbox"/> Stove Oil	<input type="checkbox"/> Other	<input type="checkbox"/> Lubes				