Customer Name_____

Billing Address_____

City_____ State_____ Zip_____

Phone #_____

Contact Person_____

Email Address_____

Walthall Oil Office Use Only

*Account #*_____

*Credit Limit*_____

*Credit Code*_____

*Instructions*_____

*Salesperson*_____

*Billing Cycle*_____

*Date*_____

Vehicle Description	Veh. #	Fuel Type	Mileage Check?	Driver Name	PIN #