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| Business Name:  | Click here to enter text. |
| Date Completed | Click here to enter a date.  |

**Type and scope of business or organization. Address of fueling facility.**

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| --- |
| Click here to enter text. |

**Key contact name, title, phone, email**

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| --- |
| Click here to enter text. |

**Number and type of vehicles in fleet. Total miles driven by the fleet last year.**

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| Click here to enter text. |

**Average age of the fleet. Oldest and newest vehicle model years.**

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| Click here to enter text. |

**Do vehicles fuel from your own bulk storage tank(s)?** Choose an item.

**List tank locations, capacities, above or below ground, etc**

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| --- |
| Click here to enter text. |

**How often are tanks filled? How often cleaned out?**

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| --- |
| Click here to enter text. |

**Total gallons of fuel purchased last year. Total cost of these purchases.**

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| --- |
| Click here to enter text. |

**Do you purchase diesel fuel exclusively from one company? Do you buy thru a consortium?**

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| --- |
| Click here to enter text. |

**Describe your current fleet management program, records kept, new initiatives, etc.**

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| Click here to enter text. |

**Save and send completed form to**

**Theresa Gabbard,**

Senior Vice President

tgabbard@EcoChem.us

For any questions please call

**(614) 707-6419**