

FORM B

NEW/ADDL/REPL

FULLY AUTOMATED ON-SITE REFUELING

USER NAME: _____



NAME OF CUSTOMER _____

CUSTOMER CODE: CN _____

SL NO	LOCATION NAME	SHIPPING ADDRESS	CITY	DISTRICT	PIN CODE	CONTACT PERSON	DESIGNATION	CONTACT NUMBER	ASSIGNED CODE													
									T	N												
									T	N												
									T	N												
									T	N												
									T	N												
									T	N												

SIG & STAMP OF CUSTOMER _____

For Back Office Use only:

CUSTOMER: _____ CIRCLE _____ SSA _____

DIVISION/FRANCHISEE _____ FRANCHISEE _____