



# Handy Mart Fleet Fueling Program Information Request Form



Return completed form by

<p><b>FAX</b> (919) 658-7417 Attn: James Jeanes</p>	<p><b>Mail</b> E. J. Pope &amp; Son, Inc. Attn: James Jeanes PO Drawer 649 Mt. Olive, NC 28365</p>
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### Contact Information

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

### General Information

Nature of business: \_\_\_\_\_ Number in fleet: \_\_\_\_\_

Type of fuel needed:      Gasoline                       Diesel                       Non-Hwy

Estimated monthly volume: \_\_\_\_\_ gallons

Other comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_