

- New Account
- Transfer Account
- Lost Account

Date Submitted _____

Account # _____

Pure Branding Retail Outlet Request

Marketer Information:

Company Name : _____

Contact Person : _____

Street : _____ Phone : _____

City : _____ State: _____ Zip : _____

Retail Location Information:

Outlet Name : _____

Contact Person : _____

Street : _____ Phone: _____

City : _____ State : _____ Zip : _____

Is there another Pure account near above location? If so, Give name and address?

Name _____ Address _____ City _____ County _____ State _____

Credit Card Information:

Are you ordering Equipment? _____ Yes, _____ No. Date _____

Sign & Decals:

Are you ordering signs? _____ Yes, _____ No. _____ Type Sign

Are you ordering Pure decals? _____ Yes, _____ No. Date _____

Are you painting to Pure specifications? _____ Yes, _____ No. Date _____

Monthly Supply:

Estimated Monthly volume: _____ Gasoline; _____ Diesel

Changes in contract volume: _____ Gasoline; _____ Diesel

Marketer Signature

Dealers Signature

Please Attach 35mm Photo Of Outlet