



**GAS DEPOT OIL COMPANY**  
**8700 N WAUKEGAN RD, SUITE 200**  
**MORTON GROVE, IL 60053**  
FAX (847) 581-0309

**GAS STATION FACILITY SPECIFICATIONS FORM**

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TRADE NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

CORP. NAME: \_\_\_\_\_ FAX \_\_\_\_\_

CORPORATE ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PROPRIETORSHIP \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_ LLC \_\_\_\_\_

FEDERAL ID # \_\_\_\_\_ STATE SALES TAX ID NUMBER (RESALE NO.) \_\_\_\_\_

LENGTH OF TIME IN BUSINESS \_\_\_\_\_ ANNUAL VOLUME \_\_\_\_\_

**PRINCIPALS OR OFFICERS:**

NAME: \_\_\_\_\_ TITLE \_\_\_\_\_ SSN \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE \_\_\_\_\_ SSN \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**TANK SIZES:**

*NUMBER OF TANKS*

*TANK CAPACITY*

REGULAR \_\_\_\_\_

MIDGRADE \_\_\_\_\_

PREMIUM \_\_\_\_\_

DIESEL \_\_\_\_\_

**PRODUCT DESCRIPTION:**

- UNBRANDED CONVENTIONAL
- BRANDED CONVENTIONAL
- UNBRANDED GASOHOL
- BRANDED GASOHOL
- DIESEL # 2
- OTHER \_\_\_\_\_