

Fuel Oil and Gas Dealers Information Sheet

Corporate Name: _____

Trade Name: _____

Address: _____

City: _____

State: _____

Zip: _____

County: _____

Date firm was Formed: _____

FEIN #: _____

Business Phone: () _____

Fax #: () _____

Email Address: _____

Check One: () Corporation () Partnership () Sole Proprietor () LLC

Owners/Partners/Officers Names & Titles:

Are you a member of a Trade Association? _____

Total number of employees in New York? _____

Estimated Annual Sales: _____

of Locations in NY _____

Accountants' Name: _____

Phone #: () _____

Address: _____

Office use only

Producer _____
Effective _____
SF _____
Prior Co _____
Prior Prem _____

Referral:
T.M. _____
Crd _____
SIF _____
Rpt _____
Adv _____
Show _____
Ref _____

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