

**FOR OFFICE USE ONLY**

COMPANY REP:

 REF NUMBER:

 Cell:

 Email:

*(CLICK AND FILL IN THE SPACES (---) BELOW AND Email back to Oilsultants (Pty) Ltd)*

CORPORATE OFFER REQUEST FORM

CUSTOMER/CLIENT DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Full Name (s): | (-----) | Surname: | (----) |
| Full Company Name: | (----) | Email: | (----) |
| Cell/Phone: | (----) (----) |  |  |

PRODUCT DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| OEM/Supplier(If applicable) | Product/Item | Further Specifications | Quantity (L) |
|  | DIESEL | (---) |  |
|  | PETROL | (---) |  |
|  | HYDRAULIC OIL | (---) |  |
|  | ENGINE OIL | (---) |  |
|  | TRANSMISSION OIL | (---) |  |
|  | GEAR OIL | (---) |  |
|  | JET FUEL | (---) |  |
|  | CRUDE OIL | (---) |  |

MAGESTERIAL CODE (SOUTH AFRICA)

(----)

DELIVERY ADDRESS (IF APPLICABLE)

(----)

(----)

(----)

(----) (\*COUNTRY)

ESTIMATED FREQUENCY OF DELIVERY (per week/per month/per annum/once off)

(----)

FILLED IN BY:

Name:

Surname:

Cell/Phone:

Email: