



CUSTOMER INFORMATION FORM

PLEASE COMPLETE THIS FORM AND EMAIL IT TO ADMIN@LEGACYDIESELANDMARINE.COM

CUSTOMER INFORMATION

Company/Customer Name: _____

Billing Address: _____

Name (if different from above): _____

Physical Address: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

SHIPPING ADDRESS

Address: _____ Loading Dock Available: Yes No

City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____

Open Hours: _____

KEY CONTACTS

Management Contact: _____ Title: _____

Phone: _____ Email: _____

Accounting Contact: _____ Title: _____

Phone: _____ Email: _____

Technical Contact: _____ Title: _____

Phone: _____ Email: _____

Alternate Contact: _____ Title: _____

Phone: _____ Email: _____

GENERAL INFORMATION

Customer Type: Individual Company Government Agency Other

Briefly describe your operations: _____

OWNER OR AUTHORIZED REPRESENTATIVE SIGNATURE

DATE

<small>FOR OFFICE USE ONLY</small>	
Date Received: _____	
Approved: YES	NO <small>Rev 2-04012022</small>

LEGACY DIESEL AND MARINE, LLC
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