



4100 McEwen Rd # 200
Dallas, TX USA 75244
T: 972-387-4590
F: 972-387-4591
E: BNeubert@signaloneinternational.com
E: LNelson@signaloneinternational.com
www.signaloneinternational.com

Date: _____

Please indicate the transaction type regarding this inquiry

Buying Selling

NOTICE

This completed form, including applicable attachments, provides information required for Signal One International and/or our supply source to reply with a corporate offer.

BUYER / SELLER INFORMATION: (Include Company Profile with First Transaction)

Company Name: _____

Company Contact: _____ Title: _____

Phone: _____ Email Address: _____

Company Address: _____

FUEL TYPE: _____

(Define and Attach Desired Crude Oil, Refined Product or Distillate Specific Specifications. Example: BLCO, Iraqi Light, Texas Sweet Crude, Aviation Kerosene, Naphtha, Diesel, Gasoline Colonial Product Grade, RVP)

FUEL VOLUME: Crude: (in BBLs) _____ Refined Products: (BBLs/MT) _____

DESIRED CONTRACT TERM: (In Months) _____

TRANSPORTATION / RECEIVING METHOD: (Check Box)

Tanker / Ship Railcar Pipeline to Storage Truck Other: _____

DELIVERY / PAYMENT METHOD: (Check Box)

FOB CIF Commercial Invoice Dip & Pay Other: _____

PORT OF LOADING: _____

PORT OF DISCHARGE: _____

FOR PIPELINE TRANSFER OR STORAGE TANK DELIVERY, INCLUDE THE FOLLOWING:

NAME OF STORAGE FACILITY: _____

STORAGE TANK LOCATION: _____

PIPELINE ACCESS NUMBER(S): _____

STORAGE TANK NUMBER(S): _____

STORAGE TANK(S) GROSS CAPACITY: _____

CURRENT TOTAL AVAILABLE CAPACITY: _____

IF LOADING FROM, OR OFFLOADING TO A TANK SHIP, PLEASE COMPLETE IF KNOWN:

VESSEL NAME: _____

VESSEL IMO#: _____

VESSEL OPERATOR NAME: _____

VESSEL STEM SIZE: _____

COORDINATOR / SHIPPING AGENT NAME: _____ PHONE: _____

INSPECTION REQUESTS / REQUIREMENTS:

NAME OF INSPECTION FIRM: _____

INSPECTION FIRM ADDRESS: _____

CONTACT NAME: _____ TITLE: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____

NOTES:

PRICING STRUCTURE: (Estimate) _____
(Platts pricing, etc. Final price to be negotiated between buyer and seller)

COMMISSION STRUCTURE, IF APPLICABLE: (Check Box)

Buyer Pays Seller Pays Buyer/Seller Split TBD None

BANKING COORDINATES:

Bank Name: _____

Bank Address: _____

Bank Telephone: _____

Bank Fax: _____

Bank Officer: _____

Trade Credit Assistance: Yes No

Select "Yes" if requesting trade credit assistance for this transaction (Trade credit provided by SOI is subject to normal due diligence and screening).

Additional Comments and Instructions:

* All attached Product Specification Sheets, and any applicable Non-Compete, Non-Disclosure Agreements (NCNDAs), must be submitted with this form for consideration.

ATTORNEY INFORMATION

SIGNAL ONE INTERNATIONAL, LLC

FIRM NAME: _____
FIRM ADDRESS: _____
ATTORNEY NAME: _____
ATTORNEY TELEPHONE: _____
ATTORNEY FAX: _____
ATTORNEY EMAIL: _____

ATTORNEY INFORMATION

BUYER / SELLER

FIRM NAME: _____
FIRM ADDRESS: _____
ATTORNEY NAME: _____
ATTORNEY TELEPHONE: _____
ATTORNEY FAX: _____
ATTORNEY EMAIL: _____



4100 McEwen Rd # 200
Dallas, TX USA 75244
T: 972-387-4590
F: 972-387-4591
E: BNeubert@signaloneinternational.com
E: LNelson@signaloneinternational.com
www.signaloneinternational.com

SIGNATURE:

I hereby certify that I am legally authorized to submit the information contained in this form for, or on behalf of the named Buyer/Seller. I certify that all information contained herein is true and correct, and that any and all specifications or attached documents are representative of the Buyer's/Seller's formal request. I further understand that Signal One International, LLC and its suppliers shall be held harmless from any liability resulting from wrong or incorrect information provided to them.

Buyer's/Seller's Legally Authorized Signatory

Name: _____

Title: _____