



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: _____



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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. 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 formal request for product. 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 by buyer.

Buyers Legally Authorized Signatory

Name: _____

Title: _____