

**PURE Oil Jobbers Co-op**  
**MEMBERSHIP APPLICATION**



DATE:

Company Name:  Tax ID# :

Mailing Address:  City:  State:  Zip:

Street Address:  City:  State:  Zip:

Office Number:  FAX#:

Contact Person:  E-Mail:

Number of units to brand PURE:  Web-Site:

Approximate PURE Volume:  GASOLINE  DIESEL

Other unbranded volume:  GASOLINE  DIESEL

Total projected volume:  GASOLINE  DIESEL

Do you have other brands?  YES  NO BRAND(S):

Do you have credit with Saratoga?  YES  NO  APPLIED FOR

Do you have credit with PURE?  YES  NO  APPLIED FOR

Does this applicant conflict with existing P.O.J.C. Member(s)?  YES  NO

Have adjoining Members been notified?  YES  NO

Name of Members:  Explain:

District# :  Director - Approved:  Date:

District# :  Director - Approved:  Date:

District# :  Director - Approved:  Date:

Submitted by DSM:  Date:

