



PURE TERMINAL OUTAGE AND ALLOCATION REPORT

DATE ____/____/____ TIME ____:____ AM / PM

MEMBER NAME AND COMPANY _____

TERMINAL NAME AND LOCATION _____

PRODUCTS & AMOUNTS TO BE LOADED: Please Circle Product Type if other than Conventional

REG-NO LEAD : _____ Low RVP / Low Sulfur / RFG/ E10

MID-GRADE : _____ Low RVP / Low Sulfur / RFG / E10

PREMIUM : _____ Low RVP / Low Sulfur / RFG / E10

LSD : _____ Clear / Dyed

ULSD : _____ Clear / Dyed

(Amount to be reported is 8500 gallons or your daily average allocation, which ever is greater)

IMPORTANT!!!!

TERMINAL OUTAGE REPORT MUST BE FAXED TO TRANSMONTAIGNE AND PURE WITHIN (48) FORTY-EIGHT HOURS TO RECEIVE CREDIT TO MEMBER'S ALLOCATION.

PURE FAX # : (888) 484-0878 or email to info@besurewithpure.com

Saratoga: email to sre.mallocations@pilottravelcenters.com

SIGNATURE _____