



Certified Slipstream® Marina Application

We, _____
A Certified Slipstream® Marine Fuel Distributor, herein recommend the following marina be approved as a Certified Slipstream® Marina:

Parent Company: _____

Marina: _____ City: _____ State: _____ Web site: _____

Contact: _____ Title: _____ Phone: _____ Email: _____

Estimated Yearly Fuel Volume*: Gasoline: _____ gals. Diesel: _____ gals.

**If both gas and diesel are sold, both must be branded Slipstream®.*

Current Fuel Supplier: _____

Current Fuel Brand, Unbranded or Private Brand: _____

Market Survey:

- Distance from the nearest Certified Slipstream® Marina(s): _____ miles
Slipstream® Marina _____ City _____ State _____ Fuel Supplier _____
Slipstream® Marina _____ City _____ State _____ Fuel Supplier _____
- Attached find map/chart of the area identifying the applicant, any existing Certified Slipstream® Marina(s) and all other marinas with fuel in the marketing area (mandatory). Yes ☐
- Picture of marina, fuel dock and dispensing pump attached. The fuel filter must be clearly shown. If they are internal, a picture of the inside of the dispenser is required (mandatory). Yes ☐

Fuel Dock:

- Hydroscopic Fuel Pump Filters are installed. (mandatory) Yes ☐
- Slipstream® Signage: Pumps and fuel dock will be merchandised in compliance with Slipstream® image requirements. Yes ☐ No ☐ If not explain why: _____
- Distributor agrees to be invoiced for image materials. Once properly imaged, we will send a picture of the pumps along with the invoice and if acceptable, the invoice will be credited. Yes ☐
- Pumps will be imaged by: Our company ☐ The marina ☐
- Complies with EPA Environmental Requirements for Spill Containment. Yes ☐

Slipstream Marketing Materials:

The following will be provided by Certified Slipstream® Distributor once the location has been approved:

- Product training for fuel dock personnel. Yes ☐
- Web site instructions. Yes ☐
- Press release for local newspapers and boating magazine. Yes ☐
- Add slick for local newspapers and boating magazines. Yes ☐

Submitted by:

Certified Slipstream® Distributor _____ City _____ State _____

Name (print or type) _____ Title _____ Phone _____

Signed _____ Date _____

Please return to marina@fuel1.solutions





Gasoline & Diesel Storage Tank Certification

This certification application is required to record tests for contamination as required under the terms of the Slipstream® Marine Fuel Quality Control Certification Agreement.

Please note:

- When first applying for a certification, this form must be submitted to AFS with the marina's fully executed QC Agreement.
- This form is required to be submitted to AFS to comply with the annual (May 1st due date) test requirement for all certified marinas.

1. We herein certify that the below listed marina's gasoline storage tank(s) used for conventional gasoline has been tested and is free of water. _____(date)
2. We herein certify that the below listed marina's gasoline storage tank(s) used for ethanol blended gasoline has been tested and is free of water. _____(date)
3. We herein certify that the below listed marina's diesel fuel storage tank(s) has been "bottom sampled", properly tested and is free of microbiological contamination as of _____(date).
4. Our diesel fuel contains biodiesel. Yes ☐ (biodiesel _____%), No ☐ Do not know ☐.

We will conduct additional tank test(s) no less than every 12 months by May 1st of each year to assure compliance with the AFS Marine Fuel Quality Control program.

We understand that fuel storage tank test(s) and certification, as described in the Slipstream® Marine Fuel Quality Control Certification Agreement, is required to continue the use of Slipstream® Marine Fuel trademarks and merchandising materials.

Certified Slipstream® Distributor

By: _____

Print: _____

Date: _____

Certified Slipstream® Marina

By: _____

Print: _____

Date: _____

Keep one copy of this form at the Certified Slipstream® Marina and one copy with the Certified Slipstream® Marine Fuel Distributor





Sign Survey Checklist

Ship sign to:

Name _____

Address _____

City _____ State _____ Zip _____

Contact _____ Phone _____

Sign location:

Name _____

Address _____

City _____ State _____ Zip _____

Contact _____ Phone _____

Installer

Cabinet height	
Cabinet width	
Cabinet depth	
Visible Opening	
Height	
Width	
Retainer width	
Pan depth	
Embossed depth	
Single Pole or Double Pole	
Between poles width	
Pole dimensions	
Cabinet needed?	yes ☐ no ☐
Is this sign lighted?	yes ☐ no ☐
Number of faces	one ☐ two ☐

Please add any other information you feel we need to know

By signing below I attest that all information is correct.

Signature _____ Date _____

Insert drawing below:



Customer Profile

NAME OF COMPANY _____ YEARS IN BUSINESS _____

TRADE, STYLE NAME _____ REGISTERED _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE# _____ FAX# _____

Branch Offices

BRANCH OFFICE (S) & ADDRESS _____

TYPE OF BUSINESS _____ DO YOU OWN THE BUILDING? _____ #SQ FT _____

NAME, ADDRESS, TEL/FAX # OF LANDLORD _____

DO YOU HAVE OTHER OWNERSHIPS, OR INTERESTS? _____

PREVIOUS AFFILIATIONS, IF ANY _____

AMOUNT OF CREDIT _____ ANNUAL SALES _____ # OF EMPLOYEES _____

OWNERSHIP: CORP _____ SOLE PROPRIETORSHIP _____ PARTNERSHIP _____ DUNS NUMBER _____

Company Fed & State ID

Please provide Applicable State Sales Tax Exemption or Resale Certificate

FEDERAL TAX ID# _____ STATE TAX ID# _____

PRODUCT FOR RESALE

CIRCLE ONE

PRODUCT NOT FOR RESALE

COMPLIANCE: A company's purchases, if intended for "Resale", require a State Resale Certificate & State Sales Tax Permit. Certificates must be submitted complete, dated and signed by an authorized individual prior to product delivery. In the absence of this information, AFS will be required to assess appropriate sales tax attributed to the delivery location in conjunction with state revenue departments.

Accounts Payables

CONTACT: _____ EMAIL: _____

PHONE _____ FAX: _____

Officers / Owners Contact

<u>NAMES OF OFFICERS/OWNERS</u>	<u>TITLE</u>	<u>TELEPHONE</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Trade References

NAME
ADDRESS
FAX# / PHONE
CONTACT

1. _____
2. _____
3. _____
4. _____

Banking Information

ACCOUNT # _____

BANK _____ ADDRESS _____

FAX# _____ PHONE# _____ CONTACT _____

Terms and conditions

I agree that routine credit inquiries may be made at any time in connection with the credit request hereby applied for, and consent to the disclosure of such information to any credit agency.

IMPORTANT: APPLICATION VOID WITHOUT AUTHORIZED SIGNATURE(S)

AUTHORIZED SIGNATURE:

X _____ Date _____

ADVANCED FUEL SOLUTIONS, INC. (AFS) TERMS OF SALES ARE NET 30 DAYS. ESTABLISHED, TERMS WILL BE ON A PREPAID BASIS. CREDIT CARDS NOT ACCEPTED

***FOR AFS CREDIT DEPARTMENT USE ONLY ***

CREDIT REQUESTED _____

CREDIT LIMIT _____ – N30

APPROVED BY: _____

DATE _____ REVIEW _____