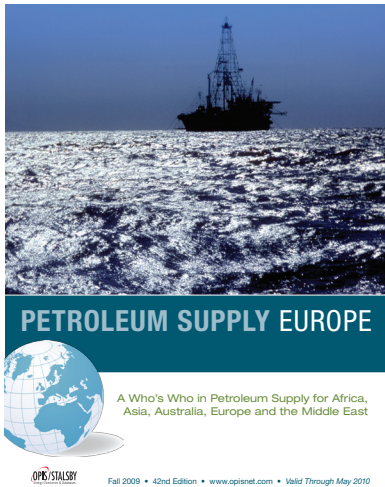


Take Advantage Of A Great Opportunity
To Be Listed **FREE** in the OPIS/STALSBY **Petroleum Supply Europe Directory**



(Please list Corporate Headquarters information below)

Company Name _____
 Corporate Headquarters Address _____

 City _____ State _____ Zip/Postal Code _____
 P.O. Box _____ P.O. City _____ P.O. Zip _____
 Main Phone Number _____
 Alternate Phone Number _____
 Main Fax Number _____
 Alternate Fax Number _____
 Web Address _____
 General E-Mail Address _____

Petroleum Supply & Service Company Categories (Please choose from list below.)

Supply Categories	Service Categories
• Brokers	• Banking/Financial
• Consumer End User	• Consultants
• Crude Oil	• Environmental Oil Services
• Diesel Exhaust Fluid	• Equipment Suppliers
• Ethanol Production Facilities	• Hydrocarbon Treatment
• Feedstocks/Intermediates	• Information Services
• Wholesale Refined Product Distributors/Jobbers	• National Association
• MTBE	• Software Management
• Natural Gas Liquids	• Testing/Inspection
• Oil Refiners	• Training/Education
• Petrochemicals	
• Specialty Fuels	
• Transportation/Storage	

If you are an Independent Oil Refiner, Specialty Fuels Company, Trader, Broker, Consultant, or National Association,
Please circle below the products your company handles.

• Biodiesel	• Gasoline
• Crude Oil	• Jet Fuel
• Diesel Exhaust Fluid	• Marine Fuel
• Distillates	• Natural Gas Liquids
• Ethanol	• Residual Fuel

Petroleum Supply Europe - Personnel Information Section

Please complete all the information requested below.

To add additional personnel, please make copies of the form below and complete it accordingly. You can list other office locations, however, you must list a contact person to go along with that location.

(Please choose one classification category from below for each person you list.)			
1. Brokerage	6. Feedstocks/Intermediates	11. Operations/Logistics	16. Specialty Fuels
2. Commercial Fuels	7. Finance Supply	12. Petrochemicals	17. Trading
3. Crude Oil	8. Marine	13. Refined Products	
4. Exchange/Scheduling	9. MTBE	14. Risk Management	
5. Executive Supply	10. Natural Gas Liquids	15. Sales/Marketing	

First Name _____ Middle _____ Last Name _____

Nickname _____ Job Title _____

Is the person listed above the contact person to update ALL information each cycle? YES or NO

If NO, please provide the contact persons name _____

Office Name (If different from main company name) _____

Office Address _____

Office City _____ Office State _____ Office Zip _____

Office Phone _____ Cellular Phone _____

Office Fax _____

Work E-Mail _____

Alternate E-Mail (If applicable) _____

Instant Messenger ID _____

Instant Messenger Service Provider (Yahoo, AOL etc.) _____

**Once all the information requested has been completed,
please fax these forms to 1-800-450-5864**

If you have any questions regarding this form please feel free to contact one of the following people listed below and we will be happy to assist you!

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