



(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*
• Diesel Exhaust Fluid	• Environmental Oil Services
• Feedstocks/Intermediates	• Equipment Suppliers
• Natural Gas Liquids	• Hydrocarbon Treatment
• Oil Refiners*	• Information Services
• Petrochemical	• Marketers
• Producers	• National Associations*
• Specialty Fuels-AvGas/SubOctane Fuels*	• Regulatory
• Traders*	• Service Companies
• Transportation/Storage	• Software Management
• Wholesale Refined Product Distributors/Jobbers	• Testing/Inspection
	• Training/Education

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

• Avgas	• Natural Gas
• Crude Oil	• Natural Gas Liquids
• Diesel Exhaust Fluid	• Petrochemicals
• Distillates	• Suboctane
• Gasoline	• Racing Fuel
• Jet Fuel	• Residual Fuel
• Marine Fuel	

Petroleum Supply Americas-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 a classification category from below for each person you list. You may choose more than one.)			
1. Brokerage	6. Finance Supply	11. Petrochemicals	16. Trading
2. Commercial Fuels	7. Feedstocks/Intermed.	12. Refined Products	
3. Crude Oils	8. Marine	13. Risk Management	
4. Executive Supply	9. Natural Gas Liquids	14. Sales/Marketing	
5. Exchange/Scheduling	10. Operations/Logistics	15. Specialty Fuels	

First Name _____ Middle _____ Last Name _____

Nickname _____ Job Title _____

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

If NO, please provide the contact person's 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!

Bonnie Walling
Supervising Editor
732-730-2536
bwalling@opisnet.com

Deborah D'Alessio
Associate Editor
732-730-2552
ddalessio@opisnet.com



TO ORDER YOUR COPY OF THIS DIRECTORY, PLEASE CALL 1-877-210-4287 OR VISIT WWW.OPISNET.COM
3349 Highway 138. Building D Suite D, Wall NJ 07719 Ph. 800-275-0950 Fax (800) 450-5864