



Company Survey

PLEASE COMPLETE IN FULL AND ATTACH THE REQUIRED DOCUMENTATION TO THIS SURVEY.

Tel 044 802 0432 • Fax 086 510 7173 • Cell: 082 416 3647 • E-Mail: sales@orpsa.co.za

P.O. Box 10740 • George • 6530

Your Name	
Your Email Address	
What type of Petroleum Products do you use or distribute?	
What Quantity do you purchase monthly?	
What quantity do you purchase annually?	
Who owns the equipment on the premises? (Check the correct block)	<input type="checkbox"/> Owned by myself <input type="checkbox"/> Owned by third Party <input type="checkbox"/> Oil company
If You selected Oil Company, please specify which one:	
Provide a full description of the equipment.	
What is your tank capacity?	
Specify where your tank is situated:	<input type="checkbox"/> Above ground <input type="checkbox"/> Below ground <input type="checkbox"/> Both of the above
Are you able to pump from the tanker to the tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No

What couplings do you use to connect to the road tanker?	
Is there a meter to measure the volume in the holding tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who is your current supplier?	
Are there any contractual obligations:	<input type="checkbox"/> Yes <input type="checkbox"/> No
What rebate do you currently get?	
Who do you bank with?	
Attach a bulk schedule if you want to collect yourself and the volumes to be collected at each depot per month.	
Account type:	
Account number:	
Branch code:	
Do you purchase on a CBD (cash before delivery) basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Company Name: (please kindly attach copy of Company letterhead with response to this survey)	
Registration No.	
Vat No	
Physical Address	
Postal Address	
Directors Details	
Contact No/s.	
Fax No.	

Compliance (License number – please kindly attach copy of license with response to this survey)	
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Thank you for your time.

We will promptly respond with an official quotation.

Regards,

DAVID MYBURGH
NATIONAL SALES & MARKETING DIRECTOR