

## **TO: State of Arkansas Fuel Supply Participants**

We are pleased to announce that Mansfield Oil Company has been awarded the comprehensive, solutions-based contract covering the supply and distribution of fuel products. We welcome your agency and fuel users to this program and look forward to providing our unmatched fuel solutions to your organization.

You will enjoy many enhancements to your existing bulk fuel program including electronic invoicing, email and voice interface with dedicated service representatives, indexed and measureable pricing and online invoice and BOL access.

Other benefits include:

- Security and control of payment process
- Timely and accurate electronic fuel transaction data
- 24/7/365 customer service toll free
- Indexed and measureable pricing
- Online invoice, delivery ticket and BOL access

Upon account setup, you will receive an account number to use when ordering as well as a log in to your specific information online. A toll free number and ordering instructions will be provided to you once your account is established.

We would be happy to discuss this program with you and field any questions you may have. Please call Bill Hammond at 866-275-7338 for more information and to begin enjoying the advantages that Mansfield Oil brings to the State Fuel Program. A list of attached forms and dates for return may be found on the following page. We appreciate your assistance in streamlining the set up process.

Thank you again for selecting Mansfield Oil Company. We look forward to partnering with you to provide superior fuels and fuel services.

Sincerely,

Michael Mansfield Jr.  
Director, Government  
[mfmjr@mansfieldoil.com](mailto:mfmjr@mansfieldoil.com)  
678-207-3724

*The attached forms may be completed and returned to Freida McLendon, [FMcLendon@mansfieldoil.com](mailto:FMcLendon@mansfieldoil.com). The excise tax exemption forms for gasoline and diesel fuel must be signed and faxed/emailed to 678.450.2266 or [FMcLendon@mansfieldoil.com](mailto:FMcLendon@mansfieldoil.com). Please feel free to contact us with any questions or concerns. We welcome you to visit our website at [www.mansfieldoil.com](http://www.mansfieldoil.com)*

*Contact Information for Bulk Fuel Participants:*

*Contract Administrator [Freida McLendon 866-275-7338 fmclendon@mansfieldoil.com](mailto:fmclendon@mansfieldoil.com)  
Customer Service 1-866-275-7338 [fuelcard@mansfieldoil.com](mailto:fuelcard@mansfieldoil.com)  
Government Services Sales Representative Brian Hutchinson 678-450-2069 [bhutchinson@mansfieldoil.com](mailto:bhutchinson@mansfieldoil.com)*



**CUSTOMER NAME:** \_\_\_\_\_

**MOC ACCT #:** \_\_\_\_\_

\*Please have ACCT # available when placing an order\*

**FOR FUEL DELIVERIES OR INQUIRIES:**

**ORDERING FUEL:** Midwest Customer Service  
**PHONE:** 800-471-3835  
**EMAIL:** [Mansfield-midwest@mansfieldoil.com](mailto:Mansfield-midwest@mansfieldoil.com)

\*\*when ordering by email, if confirmation is not received within 2 hours of request, please contact your service rep.\*\*

**AFTER HOURS EMERGENCY PHONE NUMBER:**  
**888-290-5187**

**NEW ACCOUNT SETUPS/LOGINS/INVOICING QUESTIONS:**

Government Services: PHONE: 866-275-7338

EMAIL: [fuelcard@mansfieldoil.com](mailto:fuelcard@mansfieldoil.com)

**CONTRACTUAL/OPERATIONAL ISSUES/CONCERNS:**

CONTACT: **Freida McLendon** – Government Services Supervisor

PHONE: 800-255-6699 – Ext. 2266

EMAIL: [fmclendon@mansfieldoil.com](mailto:fmclendon@mansfieldoil.com)

**CERTIFICATE OF FARMING OR STATE USE**

(To support vendor's claim for a credit or payment under section 6427 of the internal Revenue Code.)

**Name, address, and employer identification of ultimate vendor:**

**MANSFIELD OIL COMPANY**  
**1025 AIRPORT PARKWAY**  
**GAINESVILLE, GA 30501**  
**58-1091383**

**The undersigned buyer hereby certifies the following under penalties of perjury:**

**Buyer will use the undyed diesel or kerosene fuel to which this certificate relates (check one):**

\_\_\_\_ On a farm for purposes (as defined in Section 48.6420-4© of the Manufacturers and Retailers Excise Tax Regulations) and Buyer is the owner, tenant or operator of the farm on which the fuel will be used;

\_\_\_\_ On a farm (as defined in section 48.6420-4© for any of the purposes described in Paragraph (d) of that section (relating to cultivating, raising or harvesting) and Buyer is a person that is not the owner, tenant or operator of the farm on which the fuel will be used;

\_\_\_\_ For the exclusive use of a state or local government, or the District of Columbia.

**This certificate applies to the following (complete as applicable):**

**If this is a single purchase ticket, check here \_\_\_\_ and enter:**

1. Invoice or delivery ticket number: \_\_\_\_\_.
2. Number of Gallons: \_\_\_\_\_.

**If this is a certificate covering all purchases under a specified account / order Number, check here \_\_\_\_ and enter:**

1. Effective Date: **January 1, 2015**
2. Expiration Date: **December 31, 2019**

Printed or typed name of person signing: \_\_\_\_\_

Title of person signing \_\_\_\_\_

Name or Buyer \_\_\_\_\_

Employer identification number \_\_\_\_\_

Address of Buyer \_\_\_\_\_

Signature and date signed \_\_\_\_\_

Telephone / Fax number \_\_\_\_\_

**CERTIFICATE FOR STATE USE OR NONPROFIT  
EDUCATIONAL ORGANIZATION USE**

(To support ultimate vendor's claim for a credit or refund under 6416 (a) (4) of the Internal Revenue Code.)

**Name, address, and employer identification number of ultimate vendor:**

**MANSFIELD OIL COMPANY  
1025 AIRPORT PARKWAY  
GAINESVILLE, GA 30501  
58-1091383**

**The undersigned ultimate purchaser ("Buyer") hereby certifies the following under the penalties of perjury:**

**Buyer will use the gasoline or aviation gasoline to which this certificate relates (check one):**

- For the exclusive use of a state or local government, or the District of Columbia.  
 For the exclusive use of a nonprofit educational organization.

**This certificate applies to the following (complete as applicable):**

- This is a single purchase certificate:
1.  Invoice or delivery ticket number
  2.  Number of gallons

This is a certificate covering all purchases under a specified account or order number:

1. Effective Date: **January 1, 2015**
2. Expiration Date: **December 31, 2019**  
(period not to exceed 1 year after the effective date)
3. Buyer account number \_\_\_\_\_.

Buyer will provide a new certificate to the vendor if any information in this certificate changes.

Buyer understands that by signing this certificate, Buyer gives up its right to claim a credit or payment for the gasoline to which this certificates relates.

Buyer acknowledges that it has not and will not claim any credit or payment for the gasoline to which this certificate relates.

Buyer understands that the fraudulent use of this certificate may subject Buyer and all parties making such fraudulent use of this certificate to a fine or imprisonment, or both, together with the cost of prosecution.

Printed or typed name of person signing: \_\_\_\_\_

Title of person signing \_\_\_\_\_

Name or Buyer \_\_\_\_\_

Employer identification number \_\_\_\_\_

Address of Buyer \_\_\_\_\_

Signature and date signed \_\_\_\_\_

Telephone / Fax number \_\_\_\_\_



**SITE INFORMATION SHEET**

**Billing Information:**

|                             |  |
|-----------------------------|--|
| Account Name                |  |
| Federal ID Number           |  |
| Billing Address             |  |
| Accounts Payable Contact    |  |
| Phone:                      |  |
| Email address for Invoices: |  |

**Location Information:**

|                    |  |
|--------------------|--|
| Name:              |  |
| Address            |  |
| Order Contact:     |  |
| Phone              |  |
| Email              |  |
| Delivery Contact:  |  |
| Phone              |  |
| Email              |  |
| Days of Delivery:  |  |
| Hours of Delivery: |  |

**Product and Tank Information:** If Diesel tanks, please **specify** Off road (dyed) or on road (clear) diesel. If purchasing bio, specify 5% or 20%. Also **specify** if you need a Transport Truck (7500 dsl or 8500 gas) or just Tank Wagon load

| Product                | Number of Tanks | Size  | Above/below ground | Pump Required | Monthly Usage |
|------------------------|-----------------|-------|--------------------|---------------|---------------|
| **EXAMPLE** Clear ULSD | 2               | 6,000 | ABOVE              | YES           | 10,000        |
|                        |                 |       |                    |               |               |
|                        |                 |       |                    |               |               |
|                        |                 |       |                    |               |               |

|                           |  |
|---------------------------|--|
| Extra hose need:          |  |
| Other Fittings:           |  |
| Additional Delivery Info: |  |

Please submit this form via email [fuelcard@mansfieldoil.com](mailto:fuelcard@mansfieldoil.com) or fax 678-450-2234.

If you have questions, please call 866-275-7338, Government Servies Dept.

Thank you.