



PetroCaribe

PDV Caribe Dominica LTD

Mr. Mrs. Miss Other

First Name*

Middle Name

Last Name*

Business Name

Type of Business

Address

Telephone No.

Mobile No.

Email Address

Proposed Rack Location (if different)

Do you have a cylinder rack: YES NO

Are you a License Agent: YES NO

Do you sell cooking gass from another supplier: YES NO

If Yes: SOL Sukie's Texaco

Are there any other Petro Caribe Agent in your location: YES NO

If Yes, how far are they from your location: