



COMMUNICATION PREFERENCE FORM

Please complete the Communication Preference Form below. SC Fuels will use this information to ensure meaningful access to products and services. Thank you.

① **Company Name:** _____

SC Fuels Account Number: _____

Customer Portal Enrollment for Master Administrator

First Name	
Last Name	
② Job Title	
Email Address	
Phone Number	
<input type="checkbox"/> Check here to Opt Out	

③ Authorized Contact Signature _____

Authorized Contact Name _____

Thank you for the opportunity to earn your business.

Please complete and send to portalinquiry@scfuels.com.