

Carrier Clearance Request

Company Name

Contact

Email

Phone Submit Date

Form Instructions:

Please complete form.

Click "Print Form" and sign the form. Send signed copy to NGL Crude Logistics LLC by scan/ email, fax or mail at the addresses above.

NGL offers an online portal that allows customers to add new terminals and carriers which is often much faster than just emailing requests. Please check the box below if you are interested in being set up:

Yes, please enroll the contact above for the NGL Customer Portal

Please be aware that any terminal/destination set up with a loading number that is not periodically used will be at risk for being deactivated. To ensure your loading numbers are not deactivated we suggest periodically buying product at that terminal/destination.

Terminals

Please list the terminals you would like us to set up on your account. For each terminal, list the carriers from below that should be set up for that terminal. (You can list the carriers using the numbers to the left of each carrier below.)

	Terminal	Destination(s)	Carriers (from section below)
A	<input type="text"/>	<input type="text"/>	<input type="text"/>
B	<input type="text"/>	<input type="text"/>	<input type="text"/>
C	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	<input type="text"/>	<input type="text"/>	<input type="text"/>
E	<input type="text"/>	<input type="text"/>	<input type="text"/>

Carriers

Please list the carriers you would like us to set up on your account. For each carrier, list the terminals from above that should be set up for that carrier. (You can list the terminals using the letters to the left of each terminal above.)

	Carrier	Phone	SCAC	FEIN	Terminals (from section above)
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>