

## Gascard Application For Fuels

Date		
Company Name:		
Local Address:		
Local Address: Cell Phone: Main Office Billing Address:	Local Fax:	E-Mail Address:
Main Office Billing Address:  Main Office Phone:  Federal Identification Number:  Social Security Number:		
Main Office Phone: Main Office Fax	:	E-Mail Address:
Federal Identification Number:	Contact Person	<del></del>
Social Security I valider.	110. Of I cars in D	usiness.
Type of Business ( ) Sole Proprietor ( ) Partnership (	( ) Corporation (	( ) LLC ( ) Govt. ( ) Other
Are Financial Statements Available?	_ Dunn & Bradst	reet No.
Bank Information:		
Name:	Bank Officer or	Contact:
Address:	_ Phone No.:	Fax No.:
Name: Address: Bank Routing (Transit) Number:	Bank Account 1	Number:
Credit Reference:		
Name:	_ Account No:	
Name:Address:	_ Phone No.:	Fax No.:
Contact Person:	E-mail Address:	
Name:	_ Account No:	
Address:	_ Phone No.:	Fax No.:
Contact Person:	E-mail Address:	
Name:Address:	_ Account No:	
Address:	Phone No.:	Fax No.:
Contact Person:	E-mail Address:	
Amount of monthly Purchases anticipated \$		
Amount of monuny 1 drenases anticipated \$		
NOTE: GASCARD is not a credit card but a Fuel Manage	ement System A S'	2.00 per month membership fee is charged each
account to cover transaction and handling costs.	ment bystem. A \$2	2.00 per monur membership ice is charged each
account to cover transaction and nandring costs.		
TERMS: Net amount of transactions are due and payable	within ten (10) d	avs following the date of the statement. In the
event the above-named customer defaults in its payment as		
including reasonable attorneys' fees and court costs. A fir		
(24%) per annum will be charged to the customer on all am		
(2170) per unitarii wili be charged to the editoriler on an an	rounts not timery pe	ard as specified nereni.
IT IS AGREED THAT ALL CHARGES TO THIS ACCO	UNT WILL BE PA	ID IN ACCORDANCE WITH THE ABOVE
DESCRIBED CREDIT TERMS.	OTT WILL BE IT	ID IN THE COLID THE CENT OF E
Signature of Applicant		Date
The following guarantee is required of all corporate and LI	C accounts:	
T		
The undersigned, being a duly sworn officer of the corp	oration or managin	ng member of the LLC, individually agrees to
irrevocably guarantee all obligations incurred by the abo		
agreement and agrees to be bound by all the terms set forth	herein.	
Signature of Officer or Managing Member		Date

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## **Customer Worksheet**

Vehicle Description	Driver's Name	Odometer Y/N	Fuel Type Gas or DSL