

# FLEET CARD FUELS

P.O. BOX 81685  
BAKERSFIELD, CA 93380

PHONE (661) 321-9961 • FAX (661) 321-9125  
**www. Fleetcardfuels.com**

4200 BUCK OWENS BLVD.  
BAKERSFIELD, CA 93308

PROMO CODE \_\_\_\_\_

## BUSINESS APPLICATION

**PLEASE PRINT OR TYPE    PART I**

COMPANY NAME		AREA CODE	
		PHONE NO. (    ) _____	
		FAX NO. (    ) _____	
MAILING ADDRESS	CITY	STATE	ZIP
STREET ADDRESS (If different from above)	CITY	STATE	ZIP
TYPE OF BUSINESS	DATE ESTABLISHED MO/YR _____	YEARS AT PRESENT LOCATION	
ESTIMATED MONTHLY USAGE (GALLONS)* DIESEL _____ GAS _____	ANNUAL SALES \$ _____	CREDIT LIMIT REQUESTED _____	NO. OF EMPLOYEES
TYPE OF ORGANIZATION (Please check one) <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION			Has this firm or any of it's principals ever filed bankruptcy? _____

**PART II**

OWNER(S) OR PARTNER(S) NAMES(S): (Attach additional sheet if necessary)				
FIRST	MIDDLE INITIAL	LAST	TITLE	% OWNED
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**PART III - OWNER'S INFORMATION**

NAME (First, Middle Initial, Last)		AGE	SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER
STREET ADDRESS		CITY	STATE	ZIP
				HOME PHONE NUMBER
<input type="checkbox"/> HOUSE	<input type="checkbox"/> OWN	YEARS @ THIS ADDRESS	PREVIOUS ADDRESS (If less than 3 years at above address)	GROSS MONTHLY INCOME
<input type="checkbox"/> APARTMENT	<input type="checkbox"/> BUYING			
<input type="checkbox"/> MOBILE HOME	<input type="checkbox"/> RENT			
SPOUSE'S NAME		SOCIAL SECURITY NO.	OCCUPATION	GROSS MONTHLY INCOME
SPOUSE'S EMPLOYER (Name and Address)				YEARS AT THIS EMPLOYER

NAME (First, Middle Initial, Last)		AGE	SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER
STREET ADDRESS		CITY	STATE	ZIP
				HOME PHONE NUMBER
<input type="checkbox"/> HOUSE	<input type="checkbox"/> OWN	YEARS @ THIS ADDRESS	PREVIOUS ADDRESS (If less than 3 years at above address)	GROSS MONTHLY INCOME
<input type="checkbox"/> APARTMENT	<input type="checkbox"/> BUYING			
<input type="checkbox"/> MOBILE HOME	<input type="checkbox"/> RENT			
SPOUSE'S NAME		SOCIAL SECURITY NO.	OCCUPATION	GROSS MONTHLY INCOME
SPOUSE'S EMPLOYER (Name and Address)				YEARS AT THIS EMPLOYER

**PART V - MAJOR CREDIT REFERENCES**

(Give only names of those you buy from on a commercial open account. **PLEASE DO NOT LIST MAJOR CREDIT CARD REFERENCES.**)

Company Name \_\_\_\_\_ Contact \_\_\_\_\_ ACCT. NO. \_\_\_\_\_

Address \_\_\_\_\_ Phone & Fax No.s ( ) \_\_\_\_\_/\_\_\_\_\_

Company Name \_\_\_\_\_ Contact \_\_\_\_\_ ACCT. NO. \_\_\_\_\_

Address \_\_\_\_\_ Phone & Fax No.s ( ) \_\_\_\_\_/\_\_\_\_\_

Company Name \_\_\_\_\_ Contact \_\_\_\_\_ ACCT. NO. \_\_\_\_\_

Address \_\_\_\_\_ Phone & Fax No.s ( ) \_\_\_\_\_/\_\_\_\_\_

**CURRENT FUEL SUPPLIER**

Company Name \_\_\_\_\_ Contact \_\_\_\_\_ ACCT. NO. \_\_\_\_\_

Address \_\_\_\_\_ Phone & Fax No.s ( ) \_\_\_\_\_/\_\_\_\_\_

**PART VI - BANK REFERENCE**

BANK NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CONTACT \_\_\_\_\_

CITY/ZIP \_\_\_\_\_

CHECKING ACCOUNT #: \_\_\_\_\_ SAVINGS ACCOUNT #: \_\_\_\_\_

LOAN ACCOUNT #: \_\_\_\_\_

**PART VII - CREDIT TERMS AND CREDIT AGREEMENT**

The undersigned agrees to pay for all fuel, lubricants and other products within 15 days after invoice date. The undersigned further agrees to pay a finance charge of 1-1/2% per month (18% annual rate) on all past due amounts; a handling charge of \$20 for each returned check, and all collection and legal fees whether or not court ordered. In the event of a lawsuit or other legal proceeding, customer covenants and agrees that Kern County, California shall be the only proper venue.

I certify that the above information is true and accurate and is submitted to **Fleet Card Fuels** in conjunction with a request for credit. References listed above are authorized to release any credit information to **Fleet Card Fuels**. A copy of this authorization shall be as valid as the original.

\_\_\_\_\_  
Please Print Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Date

**PERSONAL GUARANTY**

In consideration for the extension of charge card rights for the purchase of property or services to the applicant, **THE UNDERSIGNED PERSONALLY GUARANTEES THE UNCONDITIONAL PAYMENT OF ANY UNPAID AMOUNT UPON APPLICANT'S ACCOUNT.** This is a guarantee of payment and not merely of collection; no collection or civil action need be commenced against the Applicant prior to a demand being made upon the undersigned. A copy of this guarantee shall be as valid as the original.

\_\_\_\_\_  
GUARANTOR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
GUARANTOR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PLEASE PRINT NAME

\_\_\_\_\_  
PLEASE PRINT NAME

**CREDIT INVESTIGATION AUTHORIZATION**

The undersigned is executing this Authorization for Credit Report individually for the purpose of authorizing Fleet Card Fuels (Creditor) to obtain a consumer credit report from time to time on the undersigned individual through credit and consumer reporting agencies or other sources, in order to further evaluate the credit worthiness of such individual in connection with the credit evaluation process and the proposed extension of business credit to \_\_\_\_\_, and any affiliates or related companies (collectively "Applicant").

THE UNDERSIGNED, AS AN INDIVIDUAL, HEREBY KNOWINGLY CONSENTS TO THE USE OF SUCH CREDIT REPORT IN ACCORDANCE WITH FEDERAL FAIR CREDIT REPORTING ACT AS CONTAINED IN 15 U.S.C. 1681, ET SEQ., AS AMENDED FROM TIME TO TIME.

\_\_\_\_\_  
GUARANTOR SIGNATURE

\_\_\_\_\_  
GUARANTOR SIGNATURE

\_\_\_\_\_  
PLEASE PRINT NAME HERE

\_\_\_\_\_  
PLEASE PRINT NAME HERE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

# **FLEET CARD FUELS CARDLOCK USE AGREEMENT**

This agreement made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ between **FLEET CARD FUELS**, hereinafter called **FCF**, and \_\_\_\_\_ hereinafter called **USER**.

1) **RULES/REGULATIONS:** USER represents to FCF that USER has been instructed in the safe and proper use of FCF's dispensing facilities and has been familiarized with the location and function of the emergency equipment provided by FCF. USER also represents to FCF that all of USER's employees and agents who use FCF's equipment will be properly trained on the use of said equipment and will have the opportunity to view the CFN Cardlock Safety/System Training Video provided to USER by FCF. Further, USER and all of USER's employees and agents will comply with the following:

- a. Smoking is prohibited within 50 feet of dispensers.
- b. Dispensing fuel into any container not approved by the Fire Marshal is prohibited.
- c. Fueling vehicles with pilot lights operating is prohibited.
- d. Engines must be turned off before fueling.

USER agrees to defend, indemnify and hold FCF free and harmless from any and all claims, actions, losses, damages, injuries, liabilities and costs (including attorney's fees) resulting from negligence or misuse of FCF's property and equipment by USER or USER's employees or agents.

2) **TRANSACTION CHARGES:** USER hereby accepts the obligation and responsibility for payment for all charges registered to cardlock access cards issued to USER. USER is liable for any and all transactions made on a lost or stolen card for up to 24 hours for Fleet Card Fuels owned sites and up to 48 hours network wide after FCF has been notified that the card is lost or stolen. Notification may be made verbally, but must be confirmed in writing and received by FCF at PO Box 81685, Bakersfield, CA 93380 or faxed to 661-321-9125. **WARNING: Personal Identification code numbers (P.I.N.) should not be kept with the fueling card at any time.**

3) **ACTIVATING WRONG PUMP:** Should USER, USER's employees and/or agents activate the wrong fueling pump, USER agrees to clear the pump before proceeding. USER agrees to be responsible for any fuel that is dispensed as the result of not clearing the pump that was activated in error.

4) **COMMERCIAL ACCOUNTS:** USER represents that all fuel purchased will be used for commercial business purposes only, and not consumer purposes.

5) **ANNUAL MAINTENANCE FEE:** A \$25 account maintenance fee will be assessed to User's account on each anniversary date if their fuel volume for the previous year is less than 2,400 gallons.

6) **LOCKED OUT ACCOUNTS:** If USER's account is locked out for reason of delinquency, all monies plus a Reactivation Fee of \$15.00 must be paid before the account will be reactivated. FCF reserves the right to refuse to reactivate past due accounts. If USER's account must be referred to collection, USER agrees to pay collection cost and attorney's fees incurred by FCF.

7) **FUEL PRICES:** USER understands that FCF fuel prices are not displayed on any pump at the time of fueling, but are available by calling the FCF office.

8) **FUEL DISCOUNTS:** USER understands that fuel discounts may only be taken if the invoice is paid within 10 days of the invoice date.

9) **AGREEMENT TERMS:** Terms of this agreement are subject to change upon written notice by FCF to USER. If USER uses any cards after receipt of such notice, then USER's consent to the changed terms shall be implied.

10) **CARD CHANGE AUTHORIZATION:** Person who can authorize card changes? \_\_\_\_\_  
Print Name and Title

Comments/Special Requests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

USER: \_\_\_\_\_  
Company

DATE: \_\_\_\_\_

BY: \_\_\_\_\_  
Print Name and Title

BY: \_\_\_\_\_  
Authorized Signature