

CARD REQUIREMENTS FORM

Please fill in your requirements per card. Account Number _____

Company Name _____

Phone Number _____

Fax Number _____

Authorized Company Contact _____

Driver Name or Vehicle Description <small>For your information; not necessary for processing</small>	Vehicle Number <small>Up to 4 digits</small>	Odometer <small>Yes or No</small>	On-Site Manual Entry <small>For drivers to input their vehicle or employee # at time of fueling</small> <small>Yes or No</small>	Gallon Limit <small>State size of fuel tank</small>	Fuel Requirements <small>You may specify one, two, three or all products per card</small>	On-Site Oil <small>By Qt or Gal</small> <small>Yes or No</small>	HOURS TO FUEL	DAYS TO FUEL	# OF TRANS-ACTIONS PER DAY	
1)							6AM-6PM 5AM-8PM 24 Hrs. Other	Mon-Fri ALL Other	TRANS	GALS
2)							6AM-6PM 5AM-8PM 24 Hrs. Other	Mon-Fri ALL Other		
3)							6AM-6PM 5AM-8PM 24 Hrs. Other	Mon-Fri ALL Other		
4)							6AM-6PM 5AM-8PM 24 Hrs. Other	Mon-Fri ALL Other		
5)							6AM-6PM 5AM-8PM 24 Hrs. Other	Mon-Fri ALL Other		
6)							6AM-6PM 5AM-8PM 24 Hrs. Other	Mon-Fri ALL Other		
7)							6AM-6PM 5AM-8PM 24 Hrs. Other	Mon-Fri ALL Other		
8)							6AM-6PM 5AM-8PM 24 Hrs. Other	Mon-Fri ALL Other		
9)							6AM-6PM 5AM-8PM 24 Hrs. Other	Mon-Fri ALL Other		
10)							6AM-6PM 5AM-8PM 24 Hrs. Other	Mon-Fri ALL Other		
11)							6AM-6PM 5AM-8PM 24 Hrs. Other	Mon-Fri ALL Other		
12)							6AM-6PM 5AM-8PM 24 Hrs. Other	Mon-Fri ALL Other		
13)							6AM-6PM 5AM-8PM 24 Hrs. Other	Mon-Fri ALL Other		
14)							6AM-6PM 5AM-8PM 24 Hrs. Other	Mon-Fri ALL Other		
15)							6AM-6PM 5AM-8PM 24 Hrs. Other	Mon-Fri ALL Other		
16)							6AM-6PM 5AM-8PM 24 Hrs. Other	Mon-Fri ALL Other		
17)							6AM-6PM 5AM-8PM 24 Hrs. Other	Mon-Fri ALL Other		
18)							6AM-6PM 5AM-8PM 24 Hrs. Other	Mon-Fri ALL Other		
19)							6AM-6PM 5AM-8PM 24 Hrs. Other	Mon-Fri ALL Other		
20)							6AM-6PM 5AM-8PM 24 Hrs. Other	Mon-Fri ALL Other		

CFN SECURITY FEATURES

Please CIRCLE what hours, days, and number of transactions you want your driver to fuel per day.
IMPORTANT: PLEASE NOTE YOUR CARD WILL WORK ONLY AT THE HOURS, DAYS AND NUMBER OF TRANSACTIONS SPECIFIED BELOW.

You can set up your whole account with the same criteria, or you can customize each card with individual limits.
YES _____ Please use the first card listed on this form so ALL my cards have the same security profile.

Pumpelly Oil Company
CFN Cardlock Terms & Agreement

_____I hereby acknowledge with the anticipated receipt of the CFN (Commercial Fueling Network) cards issued by Pumpelly Oil Company (POC), that these cards are being issued to a business and not a natural person. I also understand that these cards are to be used for the limited purpose of activating fueling dispensers for this particular business in which our employees will keep track of recording receipts that will be compared with the statement that will be mailed out twice a month by POC.

_____I acknowledge that statements are mailed twice a month and that payments are due 10 days from the statement date. I understand that under no circumstances will we be allowed to carry a balance on this account past the due date without POC taking necessary collection action and charging applicable finance charges.

_____I acknowledge that we are responsible for notifying POC using their toll free number (1-800-256-2512) should a card be stolen, misplaced or misused by any of our employees. We take full responsibility for any unauthorized use of these cards until we have notified POC of such. Once notified, POC will invalidate the card(s) immediately. If such an incident should occur, we will be responsible for any attorney fees and court cost, should POC have to take such action to collect for any unauthorized use.

The terms and agreements included with the completion of this CFN application have been read and completely understood. I also understand that we will receive a copy of this agreement back from POC by mail once our account has been approved. This agreement will be kept on file so that we will have access to the toll free number that has been made available to us for use 24 hours a day should one of the above mentioned incidents occur.

(Name – Please Print)

(Signature)

(Company Name)

(Date)

Note: For your convenience, our toll free number (1-800-256-2512) is also located on the back of each CFN card and the bottom of each page of the statements.