



Corporate Headquarters
 2320 Milwaukee Way
 P.O. Box 1397
 Tacoma, WA 98401

Phone 253.627.6179
 Fax 253.627.3637
 WA Toll Free 800.929.5243

Required Monthly Credit Limit Requested: _____

APPLICATION FOR PERSONAL CREDIT

How did you hear about APP? _____

Applying for (check all that apply): Bulk Fuels _____ Lubricants _____ Heating Oil _____ Propane _____ Card Lock _____			
Name: _____		Date of Birth: _____	
Billing Address: _____		Social Security Number: _____	
Street Address: _____		Home Telephone: _____	
Employer: _____		Years at This Address: _____	
Address: _____		Years Employed: _____	
Spouse's Name: _____		Date of Birth: _____	
Spouse's Employer: _____		Social Security Number: _____	
Address: _____		Years Employed: _____	
Have you or your spouse ever filed for bankruptcy? _____		Have you or your spouse ever had a judgment entered against you? _____	
Do you own your residence? _____ If not, provide landlord's name & tel. no. _____			
<u>Bank Reference</u>	<u>Address</u>	<u>Phone Number</u>	<u>Account Officer</u>
_____	_____	_____	_____
<u>Credit References (list any current or past suppliers of fuel, including cardlock facilities)</u>			
<u>Company Name</u>	<u>Address</u>	<u>Phone Number</u>	<u>Contact Person</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PURCHASE AGREEMENT

The parties hereby agree that all purchases made are subject to the following terms and conditions:

1. All amounts due for products and services purchased from APP are payable at 2320 Milwaukee Way, Tacoma, WA 98421.
2. The undersigned customer ("Customer") is liable to APP for all products purchased and received, whether or not Customer receives an invoice. All amounts due to APP are payable as stated on any invoice received. Customer acknowledges APP's invoice may reflect a price variance between products purchased with cash, check, or electronic transfer and products purchased with a credit card.
3. In the event the account is turned over to an attorney or collection agency for collection, Customer will pay all reasonable attorneys' fees plus all attendant collection costs whether or not suit is commenced.
4. Customer will notify APP by certified mail of any pending change of ownership and further agrees to be liable for all purchases should Customer fail to comply with said notification. If the guarantee attached to this agreement is executed by more than one person then in such event the liabilities and obligations of Customer shall be joint and several, and singular words herein shall be read as if written in plural.
5. The products and/or services purchased from APP are not payable in installments, but payable in full per invoice. Customer agrees to accept liability for unauthorized use of any card issued Customer, and for any attorneys' fees incurred by APP in collecting unauthorized debts, even if the liabilities exceed the thresholds established in the federal law, 15 U.S.C. 1643.
6. Release of credit information: Customer authorizes APP to inquire into and obtain from any bank, lending institution, or credit reference, whether listed on Customer's credit application or not, any and all information relating to Customer's credit worthiness or financial condition.
7. All disputes that may arise out of the Agreement will be within the exclusive jurisdiction of and will be resolved under the laws of the State of Washington. Venue shall be in Pierce County, Washington.
8. Option to Waive: APP may, at its option, waive any of its requirements, or excuse Customer's non-compliance with any of its obligations. However, any such waiver or excuse shall not be deemed or considered as a continuing waiver and shall not operate to bar or prevent APP from declaring a breach or non-compliance by Customer, either of the same term or otherwise.
9. Returned goods will not be accepted without prior authorization. All returned goods are subject to a restocking fee.
10. All returned checks are subject to a \$35.00 fee.
11. If Customer is a business, the following shall apply: As an inducement for APP to issue network fuel access card(s), Customer acknowledges (1) that the cardlock network fueling access cards are being issued to a business for the limited purpose of activating cardlock network automated fueling dispensers for that business and recording the time, place, date, gallonage, and cost of the fuel dispensed so that the transaction can be completed by issuance of an invoice to Customer at a later, mutually agreed date; and (2) the process for issuing cardlock network fueling access cards is a process separate and distinct from the process of issuing credit to a business.
12. If network fueling access cards are issued to Customer the person signing this Purchase Agreement must designate on APP's Fleetwide/CFN Card Requirements Form those persons who are authorized to add new cards, make changes to existing cards, access or change driver identification number information, or institute changes to cards via website access ("Authorized Persons"). Customer will be asked to provide a password to be used by all Authorized Persons. Customer is solely responsible for protecting its password and must notify Associated in

writing executed by the person signing this Purchase Agreement of any change in the password or in Authorized Persons. Customer acknowledges that Fleetwide/CFN cards are being issued for commercial use only.

13. If Customer's password or any network fueling access card issued to Customer is being misused or has been lost or stolen, Customer is responsible for all costs or losses arising from such misuse, loss, or theft and should immediately contact APP at the address above or at (253) 627-6179.
14. APP may terminate this Agreement or the rights granted hereunder upon oral or written notice to Customer, and may revoke card privileges for any reason at APP's sole discretion.

Signature: _____ Date: _____ Signature: _____ Date: _____

CARD REQUIREMENTS FORM Please fill in your requirements per card.



Estimated Monthly Usage _____ Account number _____
 Company Name _____
 Phone Number _____
 Fax Number _____
 Authorized Company Contact _____
 (must match name of company representative who signed Purchase Agreement)
 Signature _____ Company Password* _____
 Additional Authorized Personnel* _____

Optional CFN Security Features

Please CIRCLE below the hours, days, and number of transactions that will apply to each driver or vehicle.

IMPORTANT: Because security features depend on communication between each fueling site and CFN, APP cannot guarantee security features will be available at all sites at all times.

You can have the same criteria apply to your entire account or you can customize each card with individual limits.

_____ YES, Please set up my account so that all cards have the same security profiles as the first card.

* Company must notify APP in a writing executed by an officer of the company of any change in the password or in Authorized Personnel

Driver Name or Vehicle Description <small>For your information; this will print on the invoice next to the card number for easy identification</small>	Fuel Requirements <small>Please list only the products you want this card to purchase.</small> DFC2 = Clear diesel DFR2 = Dyed diesel UNL = Regular unleaded MID = Mid-grade unleaded SUP = Supreme unleaded Biodiesel (blends vary) SC = Scales (fee will apply)	Odometer <u>Optional</u> Check if you want the odometer entry prompt to keep track of your miles per gallon	Gallon Limit <u>Optional</u> Please state if limit is per day, week or month (default = 150 gallons/day)	On-Site Oil <u>Optional</u> By Qt or Gal (available on at CFN sites with oil dispensers) Yes or No	HOURS TO FUEL <u>Optional</u>	DAYS TO FUEL <u>Optional</u>	# OF TRANS-ACTIONS PER DAY/GALLONS PER FILL (default = 150 gallons/fill) <u>Optional</u>	
							TRANS	GALS
1)					6AM-6PM 5AM-8PM 24 Hrs. Other	Mon-Fri Mon-Sat ALL Other		
2)					6AM-6PM 5AM-8PM 24 Hrs. Other	Mon-Fri Mon-Sat ALL Other		
3)					6AM-6PM 5AM-8PM 24 Hrs. Other	Mon-Fri Mon-Sat ALL Other		
4)					6AM-6PM 5AM-8PM 24 Hrs. Other	Mon-Fri Mon-Sat ALL Other		
5)					6AM-6PM 5AM-8PM 24 Hrs. Other	Mon-Fri Mon-Sat ALL Other		
6)					6AM-6PM 5AM-8PM 24 Hrs. Other	Mon-Fri Mon-Sat ALL Other		
7)					6AM-6PM 5AM-8PM 24 Hrs. Other	Mon-Fri Mon-Sat ALL Other		
8)					6AM-6PM 5AM-8PM 24 Hrs. Other	Mon-Fri Mon-Sat ALL Other		
9)					6AM-6PM 5AM-8PM 24 Hrs. Other	Mon-Fri Mon-Sat ALL Other		
10)					6AM-6PM 5AM-8PM 24 Hrs. Other	Mon-Fri Mon-Sat ALL Other		
11)					6AM-6PM 5AM-8PM 24 Hrs. Other	Mon-Fri Mon-Sat ALL Other		
12)					6AM-6PM 5AM-8PM 24 Hrs. Other	Mon-Fri Mon-Sat ALL Other		
13)					6AM-6PM 5AM-8PM 24 Hrs. Other	Mon-Fri Mon-Sat ALL Other		
14)					6AM-6PM 5AM-8PM 24 Hrs. Other	Mon-Fri Mon-Sat ALL Other		
15)					6AM-6PM 5AM-8PM 24 Hrs. Other	Mon-Fri Mon-Sat ALL Other		

Customer is solely responsible for protecting its password and network fueling access cards. If Customer's password or any network fueling access card issued to Customer is being misused or has been lost or stolen, Customer is responsible for all costs or losses arising from such misuse, loss, or theft and should immediately contact APP at 2320 Milwaukee Way, Tacoma, WA 98421 or at (253)627-6179. If Customer is purchasing fuel from a site displaying a posted price per gallon, please be aware that Customer will not be charged or pay the posted price. Rather, Customer will pay the contracted price between itself and Associated.

CARD REQUIREMENTS FORM CONTINUED

Note: This page is for additional cards only.

Driver Name or Vehicle Description <small>For your information; this will print on the invoice next to the card number for easy identification</small>	Fuel Requirements <small>Please list only the products you want this card to purchase.</small> <small>DFC2 = Clear diesel DFR2 = Dyed diesel UNL = Regular unleaded MID = Mid-grade unleaded SUP = Supreme unleaded Biodiesel (blends vary) SC = Scales (fee will apply)</small>	Odometer <u>Optional</u> <small>Check if you want the odometer entry prompt to keep track of your miles per gallon</small>	Gallon Limit <u>Optional</u> <small>Please state if limit is per day, week or month (default = 150 gallons/day)</small>	On-Site Oil <u>Optional</u> <small>By Qt or Gal (available on at CFN sites with oil dispensers)</small> <small>Yes or No</small>	HOURS TO FUEL <u>Optional</u> <small>6AM-6PM 5AM-8PM 24 Hrs. Other</small>	DAYS TO FUEL <u>Optional</u> <small>Mon-Fri Mon-Sat ALL Other</small>	# OF TRANS-ACTIONS PER DAY/GALLONS PER FILL (default = 150 gallons/fill) <u>Optional</u> <small>TRANS GALS</small>	
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