

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* _____

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

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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