



# Application for Credit

Need Help? 1-888-929-FUEL (3835)

Fax to: (503) 365-7877 or  
Mail to: PO Box 5609, Salem, OR 97304

For Office Use Only	
By	_____
Limit	_____
Var	_____
Src	_____

For prompt processing please complete all applicable blanks accurately

## Section 1 - Company Information

Parent Company / Legal Name		Phone ( ) ( )	Fax ( ) ( )
Business Name (dba)	Business Type <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Other <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Government		
Physical Address	City	State	Zip +4
Mailing Address (if Different)	City	State	Zip +4
Accounts Payable Contact	A/P Phone ( ) ( )	A/P Fax ( ) ( )	
Tax ID#	State & Year of Incorporation/Registration	Has the Company or Principals Ever Filed Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Cards Needed	Est. Monthly Gallons	Current Fuel Supplier	

## Section 2 - Credit Information and References

Name of owner or largest share holder	Title
Home Address	

### Please provide two credit references with whom you maintain significant balances

Company	City, State	Account #	Phone ( ) ( )	Fax ( ) ( )
Company	City, State	Account #	Phone ( ) ( )	Fax ( ) ( )

### Banking References

Bank Name	City, State	Checking Account #
Bank Name	City, State	Savings Account #

## Section 3 - Authorized Signature(s) Required

The information provided on this application is true and accurate to the best of my knowledge and I have read and agree to the Terms and Conditions in section 5 on page 2 of this application.

Authorized Signature	Date
Printed Name	Title

Please initial page 2 at the location indicated

## Section 4 - Personal Guaranty

A Personal Guaranty is required for all new accounts unless the application is for a publicly held company or government agency. The undersigned, in consideration of UF extending credit to the above named applicant, does unconditionally, personally, and individually guarantee payment of all amounts owed by the above named business, including interest, costs, and attorneys fees. The undersigned expressly agrees to the general provisions referenced above. This guaranty shall be continuing and may not be cancelled except by written notice actually received by the credit department of UF, in which case the cancellation shall apply only to those purchases made beginning the day following the actual receipt of such notice. This guaranty is personal to the signor. Any notation of corporate capacity shall be taken as informational only and shall not effect the personal nature of the guaranty.

Printed Full Legal Name	Date of Birth	Social Security Number
Phone ( ) ( )	Fax ( ) ( )	
Home Address	City	State    Zip +4
Personal Guarantor's Signature	Date	



## Section 5 - Terms and Conditions

The undersigned hereby makes the application to United Fueling ("UF") for credit and/or updates and confirms existing account(s) for purchases made or to be made under its UF cardlock account. This agreement covers all charges on the UF cardlock account for purchases from participating vendors within the CFN cardlock system. UF provides the undersigned with services that include credit, cardlock access to a network of automated fuel sites, and a fuel management system. This agreement shall apply to future credit (if any) by UF to the undersigned, together with any existing indebtedness undersigned owes to UF. UF is authorized to request, regarding the undersigned and guarantor, a credit report and information from bank and trade references to evaluate and update credit worthiness. Should credit be granted by UF, all decisions with respect to the extension or continuation of credit shall be in the sole discretion of UF. UF may terminate any credit availability and access to fuel at any time within its sole discretion. Upon termination, you agree to immediately surrender all cardlock cards issued to you and to immediately pay all outstanding sums owing to UF. You represent that you and any person using the cardlock cards delivered to you are aware of the proper use of the cardlock system and will use safe practices in compliance with the regulations of the local Fire Code in the handling of the fuels dispensed. You agree to indemnify and hold UF harmless from any claims and costs including, but expressly not limited to, those for bodily injury and property damage which may be occasioned by the negligence or misuse of the cardlock system by you or any person using the cardlock system with cardlock cards delivered to you hereunder. UF shall use its best efforts to maintain the cardlock system in good working order and condition at its expense: provided, however, UF shall not be responsible for any damage or loss which may result from its failure to provide fuel or the failure of the cardlock system in any manner whatsoever. You agree that you and any person using the cardlock cards delivered to you shall promptly notify UF of any malfunctioning of the cardlock system of which you or such person is aware. Unless otherwise noted on invoices, the billing cycle is semi-monthly and the payment terms are NET 10 days from the date of invoice. The undersigned warrants that they are a signer on the bank accounts listed in section 2 and authorizes UF to initiate debit or credit transactions to those accounts to settle any debt with UF that becomes past due. The undersigned agrees to pay interest at 18% per annum from the date due, plus all of UF's collection costs and attorney fees actually incurred. The undersigned agrees to abide by the credit terms of UF as established and amended from time to time. If a lawsuit is commenced, the undersigned agrees such suit may take place in Polk County or Marion County, Oregon at the option of UF. If the undersigned sells, transfers or changes the ownership or legal structure of its business, the undersigned agrees to provide written notice thereof delivered to the credit department of UF, which notice must actually be received. Until UF receives such notice, the undersigned agrees to pay for all purchases made on all account(s) established in its name, for all purchases made by any person using cardlock cards issued to, or for the benefit of, the undersigned, including unauthorized and fraudulent purchases. You are responsible for all purchases by you or any other person using cardlock cards issued to you, regardless of whether use by any other person is unauthorized or fraudulent. You will not be liable for unauthorized use that occurs after you notify UF of loss, theft, or possible unauthorized use, and you receive written confirmation that UF received your notification. Notification is to be made to UF's mailing address at PO Box 5609, Salem, OR 97304. If your organization has ten or more valid UF fuel cards for use by your employees at this time or at any future time, you hereby agree to be liable for all uses of your UF fuel access cards, both authorized and unauthorized, prior to notifying UF of a lost or stolen card or unauthorized use. Written confirmation is required for proof of notification. Faxed documents shall be considered the same as originals. **The undersigned warrants and represents that the information provided to UF is true and accurate and acknowledges that it has been given for the purpose of obtaining credit from UF.**

**Thank you for your interest in United Fueling's CFN Fuel Card**

Please initial here to indicate you have read these terms and conditions \_\_\_\_\_

**For fastest service please fax both pages to (503) 365-7877**