



724-349-2034
800-424-3835

P.O. BOX 128
INDIANA PA 15701

Date _____

COMMERCIAL CUSTOMER INFORMATION

Telephone Number
()

Fax Number
()

FIRM ADDRESS	Full Name of Firm		City		State		Zip	
	Mailing Address		City		State		Zip	
	Street Address		City		State		Zip	
	Home Office Address		City		State		Zip	
LEGAL STRUCTURE	CHECK APPROPRIATE BOX AND PROVIDE INFORMATION REQUESTED							
	<input type="checkbox"/> Single Entity <input type="checkbox"/> Partnership <input type="checkbox"/> Other		<input type="checkbox"/> Subsidiary of Not a Subsidiary Parent Company		Name and Address of Parent Company:		Telephone ()	
	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other		How Long in Business		Type of Business		Federal ID#	
	PLEASE LIST NAMES AND ADDRESSES OF PARTNERS OR CORPORATE OFFICERS:							
IF IN BUSINESS LESS THAN ONE YEAR PLEASE GIVE NAME, ADDRESS & LENGTH OF TIME OF EMPLOYMENT FOR LAST FIVE YEARS:								
PERSONAL	Owner or Officer's Name		Title		Spouse's Name			
	Home Address		City		State		Zip	How Long? <input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Renting
	Previous Address		City		State		Zip	How Long?
	Home Telephone		Driver's License State: Number:		Social Security Number		Date of Birth	
	Name and address of nearest relative not living with you			Relationship		Telephone Number ()		
	Have you ever filed Bankruptcy?			When?		Where?		
REFERENCES	Bank Name and Branch		City		State		Zip	
	Name of Bank Officer		Account #		Telephone Number ()			
	Trade Reference		Account #		Telephone Number ()			
	Trade Reference		Account #		Telephone Number ()			
	Current Petroleum Supplier(s)		Address		Account#		Telephone Number ()	
Estimated Monthly Usage Gallons: /\$		Accounts Payable Contact		Telephone Number ()				
Person to contact regarding arrangements for cards		Telephone Number ()		Mobile Number ()				
AGREEMENT AND GUARANTY								
I have made the above statements for the purpose of obtaining credit. I certify they are true and authorize you to make a credit investigation. Billings shall be issued twice each month and payment will be due in full within 10 days of invoice date. I agree to pay a late charge of 1 ½ % per month (18% per year) or 50¢ minimum on any delinquent balances. This agreement includes the terms and conditions on the reverse side hereof.								
Notwithstanding that this account is established in the name of a Company. I personally guarantee payment of the account. All purchases made on this account will be for commercial use.				SIGNED _____ TITLE _____ DATE _____				

ADDITIONAL TERMS CARDLOCK USE

PURCHASER: _____

1. Minimum monthly purchases of 200 gallons required.
2. Purchaser shall be responsible for all purchases by Purchaser or any other person using cardlock cards issued to Purchaser, regardless of whether used by any other person authorized or fraudulent.
3. If there is any change in the ownership of Purchaser or if substantially all of the assets of Purchaser are sold. Purchaser shall promptly notify Supplier of such sales and Supplier shall have a lien on all the assets of Purchaser and a lien on the proceeds of such sales to secure payment of all outstanding sums owing to Supplier.
4. Purchaser represents that it and any person using the cardlock cards delivered to Purchaser are and shall be aware of the proper use of the cardlock system and shall use safe practices in compliance with regulations of the local Fire Code in the handling of fuels dispensed from the cardlock system. Purchaser agrees to indemnify and hold Supplier 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 Purchaser or any person using the cardlock system with cardlock cards delivered to the Purchaser hereunder.
5. Supplier shall use its best efforts to maintain the cardlock system in good working order and condition at its expense provided however, Supplier 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. Purchaser agrees that it and any person using the cardlock cards delivered to Purchaser shall promptly notify Supplier on any malfunctioning of the cardlock system of which Purchaser or such person is aware.
6. Purchaser's right to purchase fuel through the cardlock system may be terminated immediately upon breach of any of the terms hereof or any other agreement with Supplier and may be terminated upon 30 days notice by either party. Upon termination, Purchaser agrees to immediately surrender all cardlock cards issued to Purchaser and to immediately pay all outstanding sums owing to Supplier. Supplier shall refund the deposit to Purchaser when all cards are returned and all amounts owing to Supplier are paid in full.
7. In the event of a breach of any of the terms of this agreement or any other agreement between Purchaser and Supplier, including but expressly not limited to the failure to pay sums owing to Supplier when due, then in addition to any other sums due or payable to Supplier by Purchaser, Purchaser agrees to pay the reasonable attorney fees and costs incurred by Supplier in the enforcement of Supplier's rights even though no suit or action is filed and if suit or action is filed to enforce the rights of the Supplier then such further sum as the court may adjudge reasonable as attorney fees at trial or on appeal of such suit or action in addition to all other sums provided by law.
8. Purchaser shall be responsible for all purchases made using the cardlock cards delivered to Purchaser. In case of a lost or stolen card, Purchaser shall be responsible for purchases made by said card(s) for up to 24 hours from the time Purchaser notifies Supplier.
9. A \$25.00 handling fee will be charged for all checks returned from the bank for any reason.

Customer Signature _____

Single Card System _____ Single card systems assigns one card to driver OR vehicle. Report tracks only driver OR vehicle.
Two-Card System _____ Driver AND vehicle each have a card. Report tracks both driver AND vehicle.

Do you want Pacific Pride to keep track of miles per gallons? Yes _____ No _____

How many cards do you want? _____ Do you want these cards restricted to diesel fuel only? _____

Do you want all cards to have the same security pin number? _____ (A four-digit pin number will be assigned by Pacific Pride to each card on all cards delivered.)

List what the cards are to be assigned to. Use a separate sheet of paper if necessary. _____

