By initialing below, I (we), the undersigned agreement use:	ree to the following	terms and conditions	associated with our fuel access (CFN cardlock) cards and
1. I (we) understand the PIN	N numbers <u>should r</u>	ot be kept on the card	d, card sleeve, or attached to the card in any way.
			<b>onsible</b> for all charges accrued before the card can be l. Company, Inc. will not be responsible for any charges
3. Company, Inc. has the rig	ght to invalidate my	(our) card(s) without	t notification and to refuse service should my (our) account
4. There will be a charge of reactivated except by customer request.	\$5.00 for a lost or	damaged card or to re	activate a card that has been deactivated. Cards will not be
I (We) hereby authorize Company, Inc. to initial debit entries in error to my (our) bank account	TR ate reoccurring vari nt indicated below \$25.00 charge for that	ANSFER (EFT) able debit entries and and the financial insti any insufficient funding draft be delayed	to initiate, if necessary, credit entries and adjustments for any tution named below, to debit and/or credit the same to such d transaction and a daily \$25.00 charge for each day I ask.
	BANI	X INFORMATIO	)N
Account Type: Checking Accoun	t Savi	ngs Account	
Financial Institution:		Brar	nch
City:	S	tate:	Zip:
Routing No.:	A	Account No.:	
transaction dates will be the 10 <sup>th</sup> and 25 <sup>th</sup> of the notification about any entries made to my (our) has received <b>written notification</b> from me (or financial institution named above a reasonable Company, Inc. has the right to refuse service ar	e month for all fuel bank account indic either of us) of its to opportunity to act on door deliveries with	access (CFN) card tra rated above. This authermination in such tin on it. I (We) further un nout notification. An	eries and all other purchases. I (We) understand the insactions. I (We) understand that this serves as my (our) only nority is to remain in full force and effect until Company, Inc. and the enderstand that should my (our) account become delinquent, y unpaid balance will accrue interest at the rate of 2% per en in the case of an unpaid bill, I (we) will pay all accrued
A BLANK VOID CHECK MUST ACCOALL FIELDS MUST BE FILLED IN. 1			DEPOSIT SLIPS <u>CANNOT</u> BE ACCEPTED. OT BE ACCEPTED.
SIGNATURE (Account Holder)		DATE	
PHONE	FAX		EMAIL
SIGNATURE (Spouse/Co-Acct Ho	older)	DATE	
PHONE	FAX		EMAIL