

# Fast Fuel Group Discount Program Account Application



Serving South Sound Since 1925

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**GROUP DISCOUNT PROGRAM ACCOUNT APPLICATION for:** \_\_\_\_\_

## Information About Yourself

FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_ APT. \_\_\_\_\_ CITY STATE ZIP \_\_\_\_\_ HOW LONG? YRS./MOS. \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ APT. \_\_\_\_\_ CITY STATE ZIP \_\_\_\_\_  
PREVIOUS ADDRESS (if less than 2 yrs. at present address) \_\_\_\_\_ APT. \_\_\_\_\_ CITY STATE ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_ EMAIL \_\_\_\_\_ S.S. # \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY STATE ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
HOW LONG? YRS./MOS. \_\_\_\_\_ OCCUPATION \_\_\_\_\_

## Credit Information (banks, credit cards, etc.)

NAME \_\_\_\_\_ NAME \_\_\_\_\_  
NAME \_\_\_\_\_ NAME \_\_\_\_\_

## Joint Account Information (Complete this section if you are relying on the income of another person to qualify for an account.)

FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_ APT. \_\_\_\_\_ CITY STATE ZIP \_\_\_\_\_ HOW LONG? YRS./MOS. \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_ EMAIL \_\_\_\_\_ S.S. # \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY STATE ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

## Individual Cards in Group

Please PRINT a name for each card (max. 20 characters), a 5-digit PIN and transaction limits (default limits are three transactions of up to 50 gallons each per day per card). Attach a separate sheet for additional cards.

1 _____	+ 5-Digit PIN _____	# Transactions/Day _____	Max Gal./Transaction _____
2 _____	+ 5-Digit PIN _____	# Transactions/Day _____	Max Gal./Transaction _____
3 _____	+ 5-Digit PIN _____	# Transactions/Day _____	Max Gal./Transaction _____
4 _____	+ 5-Digit PIN _____	# Transactions/Day _____	Max Gal./Transaction _____

## Agreement: PLEASE READ CAREFULLY BEFORE SIGNING.

NOTE: The word "I" in the following agreement means myself as an individual person and/or the proprietor of the sole proprietorship named above and/or the partnership or corporation named above which has authorized me to legally represent it.

### Safety Agreement:

- I am familiar with safe self-service fueling procedures for cars and trucks.
- I understand and agree that smoking, open flames, sparks or other sources of ignition are strictly prohibited at all FAST FUEL locations. I understand that vehicle engines must always be turned off before fueling.
- I understand that filling of glass or other unapproved containers is illegal and strictly prohibited.

**Credit Agreement:** I hereby make application to FAST FUEL, a division of Acme Fuel Company, for credit. This agreement covers all charges on my FAST FUEL cardlock account for purchases from participating vendors within the CFN cardlock cardlock system. FAST FUEL provides me with services, which include credit, cardlock access to a network of automated fuel sites, and a fuel management system. FAST FUEL is authorized to request, regarding me and the guarantor, a credit report or reports and information from bank and trade references to evaluate and update my credit worthiness.

In the event that I fail to pay any balance when due, I understand that the balance will accrue interest at eighteen percent (18%) from the due date until paid in full. In the event that the past due balance is referred for collection, I agree to pay all costs of collection, including collection fees, actual attorney's fees and court costs. I understand that I am liable for the loss, theft, or unauthorized use of my fuel access card(s) until such time that I report the lost card(s) to FAST FUEL and such report is acknowledged by FAST FUEL. I warrant that the information on this application is accurate to the best of my knowledge.

SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

application to P.O. Box 7009, Olympia, WA 98507 or email to sherrym@fastfuelcard.com or fax to 360.943.1137