



PO Box 1 • Kalispell, MT 59903
(406) 755-4321 • Fax (406) 756-8591
Email: credit@cityservicevalcon.com

Dear Prospective Customer,

We are excited that you are considering us. We look forward to earning your trust and friendship for the lifetime of your business!

It is our desire to process your application as quickly as possible. To accomplish this, please use the checklist below to ensure that you have completed all the required documents. The application package may be submitted directly to the contact information shown above.

CityServiceValcon Application Package

- ☐ Complete Business Information & Owner/Partner/Member Information section.
- ☐ Include delivery address if different than mailing address. For multiple locations, please attach a second sheet listing all other locations.
- ☐ Credit references are always helpful and may be submitted on a separate page.
- ☐ Indicate all products of interest and include estimated monthly gallons where applicable.
- ☐ Initial the bottom of page 1.
- ☐ Provide Signature, title and dates under Credit Terms & Agreement.
- ☐ Personal guarantee signature is requested for privately and publicly held corporations, partnerships, and limited liability companies. Please make sure that the person listed on the personal guarantee provides their information in the Owner/Partner/Member Information section.
- ☐ W-9 – Completed & Signed (*This form may be obtained from the IRS website at: <https://www.irs.gov/pub/irs-pdf/fw9.pdf> .*)

****Below is a list of additional documents required based on the type of product that you are interested in****

Aviation Fuels - Transport

- ☐ Electronic Funds Transfer (EFT) Authorization Form – *Completed & Signed*
- ☐ Copy of a voided check or bank account verification letter from your financial institution

Fuel Cards

- ☐ Fuel Card Access Agreement - *Initialed*
- ☐ Electronic Funds Transfer (EFT) or Credit Card Authorization Form – *Completed & Signed*
- ☐ Copy of a voided check or bank account verification letter from your financial institution

Propane

- ☐ Propane Safety Information -*Initialed*

Wholesale Fuels (greater than 4000 gallons) – Transport

- ☐ Electronic Funds Transfer (EFT) Authorization Form – *Completed & Signed*
- ☐ Copy of a voided check or bank account verification letter from your financial institution
- ☐ Re-Sellers Certificate (Where applicable)

*In some cases, financial reports, security, or other documentation may be required.

Please feel free to contact us with any questions, we would be happy to help. We appreciate your interest and look forward to serving you for many years to come!

Best regards,

CityServiceValcon
Credit Department



Commercial Application
PO Box 1 • Kalispell, MT 59903
(406) 755-4321 • Fax (406) 756-8591
Email: credit@cityservicevalcon.com

Office Use Only
Representative: _____
Site Location: _____
Account #: _____

| Business Information | | | | | |
|---|--------------------------|----------------------|----------------------|-----------------------|---------------------------|
| Legal Company Name | | | How Long In Business | | Business Telephone Number |
| Trade Name (Business Name) | | | Federal ID # | | Fax Number |
| Billing Address | | City | State | Zip | County |
| Billing (AP) Contact Name | Billing Telephone Number | Fax Number | | Billing Email Address | |
| Delivery Address (If different from Billing) | | City | State | Zip | County |
| Type of Business Organization (Check One) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Nonprofit | | | | Type of Business | |
| *** Please Include Financial Statements *** | | | | | |
| Owner(s), Partner(s), or Member (s) Information - Attach additional sheet if necessary | | | | | |
| First Name | | Middle Initial | Last Name | | Title |
| Residence Address | | City | State | Zip | County |
| Telephone Number | Mobile Number | | Email Address | | |
| First Name | | Middle Initial | Last Name | | Title |
| Residence Address | | City | State | Zip | County |
| Telephone Number | Mobile Number | | Email Address | | |
| Credit References | | | | | |
| Name of Bank | | Name of Bank Officer | | Account Number(s) | |
| Address | | City | State | Zip | Telephone Number |
| Credit Reference | | Contact Name | | Account Number(s) | |
| Address | | City | State | Zip | Telephone Number |
| Credit Reference | | Contact Name | | Account Number(s) | |
| Address | | City | State | Zip | Telephone Number |
| Product of Interest | | | | | |
| Do you or have you had an account with CityServiceValcon? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Account Number: _____ | | | | | |
| Which products do you wish to purchase? | | | | | |
| <input type="checkbox"/> Aviation (Select) <input type="checkbox"/> Jet Estimated Monthly Gallons: _____ <input type="checkbox"/> 100LL Estimated Monthly Gallons: _____ | | | | | |
| <input type="checkbox"/> Fuel Cards Estimated Monthly Gallons: _____ *EFT or Credit Card Authorization form required for fuel card accounts | | | | | |
| <input type="checkbox"/> Heating Oil Tank Sizes: _____ | | | | | |
| <input type="checkbox"/> Lubricants | | | | | |
| <input type="checkbox"/> Propane <input type="checkbox"/> Own Tank Tank Sizes: _____ <input type="checkbox"/> Rent Tank | | | | | |
| <input type="checkbox"/> Wholesale Fuels (Includes Bulk Fuels) <input type="checkbox"/> Check this box if greater than 4000 Gallons per load | | | | | |

Initial _____ Initial _____



Credit Terms and Credit Agreement

The undersigned agrees to the following terms in all credit transactions with CityServiceValcon unless otherwise agreed to in writing by authorized Company Officers:

Payment Terms. Payment terms are as stated on invoices. These payment terms are subject to modification by CityServiceValcon upon written notice to the undersigned. The undersigned agrees to pay upon receipt of invoice those amounts invoiced to applicant by CityServiceValcon. The undersigned agrees to pay a finance charge at the rate of 1.5% per month (18% per annum), or the maximum amount allowable under Montana law, whichever is lesser, on all past due amounts. The undersigned further agrees to pay handling fees for all returned payments. Payment shall be due at our Kalispell office unless directed otherwise by an authorized CityServiceValcon representative. Payments shall first be applied to any accrued interest on the account, and then to principal. I understand any billing dispute must be made and submitted in writing to the Kalispell office within 30 days of the date of invoice. All invoices shall be deemed accurate and final after 30 days.

References and Credit Worthiness. I authorize the references listed on this application release information to CityServiceValcon related to applicant's account. I authorize CityServiceValcon to secure information regarding applicants' credit history from any commercial or consumer reporting agency or trade organization and authorize the release of information regarding applicant's account with CityServiceValcon to such agencies. I authorize CityServiceValcon to check my credit periodically as part of maintaining my credit terms. I agree to provide CityServiceValcon, upon its request, financial statements and/or an updated Credit Application. Failure to provide such item(s) following a request may result in the immediate revocation of credit.

Governing Law; Collection Expenses. I represent and warrant the above information to be true, correct and complete and I further represent and warrant that if this Credit Application is submitted by a corporation, partnership or limited liability company, that the individual executing this document on behalf of such entity has full authority to bind such entity. I agree to pay all collection fees and costs incurred in connection with the collection of any amounts due. I agree to pay all attorney's fees and costs incurred with any legal action brought against me for collection of any amounts due. I agree that performance by me is due in Kalispell, Montana and this agreement is governed by Montana law. I agree to be subject to personal jurisdiction in Montana and venue for any legal action to collect any amounts due shall be Flathead County,

I agree to abide by CityServiceValcon's credit policy if credit is granted. I consent to receive faxes, telephone calls, and/or emails from or on behalf of CityServiceValcon. I have received and signed CityServiceValcon's Credit Terms and Credit Agreement. I understand that CityServiceValcon reserves the right, in its sole discretion, to eliminate or reduce the amount of credit extended by CityServiceValcon to the undersigned at any time in the future.

Authorized Signature

Please print name and title

Date

Authorized Signature (If applicable)

Please print name and title

Date

CONTINUING IRREVOCABLE PERSONAL GUARANTEE

Your signature below unconditionally and irrevocably guarantees the payment when due of all charges for the account of said applicant for services rendered and for goods sold and delivered on or after this date. The Credit Terms and Credit Agreement above is hereby incorporated and made a part of this Guaranty. This Guaranty is given in consideration for CityServiceValcon's agreement to extend credit to the above named entity. I agree to pay all collection fees and costs incurred in connection with the collection of any amounts due to enforce this guarantee. I agree to pay attorney's fees and costs in any legal action to enforce this guarantee. I agree performance of this guarantee by me is due in Kalispell, Montana and this agreement is governed by Montana law. I agree to be subject to personal jurisdiction in Montana and venue for any legal action shall be in Kalispell, Montana.

Guarantor's obligations under this guaranty are independent of those of applicant, and Guarantor hereby waives notice on default or nonpayment, presentment, demand and understands and agrees that CityServiceValcon is not required to first seek payment from the debtor or its assets before enforcing this Guaranty.

Guarantor Signature

Please print name

Date

Guarantor Signature (If applicable)

Please print name

Date



Fuel Card Access Agreement

CityServiceValcon, LLC, shall provide the automated fueling services desired by the Customer, who has applied for, accepted, and/or which name appears on the issued Fuel Access Card or account (hereinafter "Pac Pride" or "CFN"). Subject to payment and fuel access terms set forth below, Customer agrees to pay CityServiceValcon for fueling transactions completed, authorized, or permitted by Customer through the use of the Fuel Access Cards issued to Customer in the amount invoiced by CityServiceValcon.

Payment Terms. Customer agrees to pay for all fueling transactions completed by Customer or any person using Customer's Fuel Access Cards and for all other monetary obligations to CityServiceValcon set forth in this Fuel Access Card Agreement. Customer agrees to pay CityServiceValcon upon receipt of invoice those amounts invoiced to Customer by CityServiceValcon through either electronic funds transfer (EFT) or credit card (CC) on the tenth of each month (these terms may vary). All fuel cards paid by credit card will be assessed a surcharge. If for any reason an EFT be returned, a handling fee will be applied and may, in its sole discretion, terminate Customer's Fuel Access Cards. A late payment charge of 1.5% per invoice period shall be applied to amounts not paid in full prior to the end of the month.

Fuel Access Terms. Customer is responsible for all charges incurred, unless such charges occur after the card(s) have been invalidated. Customer agrees that the fueling transactions completed by Customer or any person using Customer's Fuel Access Cards are subject to the following additional fuel access conditions:

Security Numbers. Customer agrees that the security numbers assigned to each Fuel Access Card must be kept confidential by Customer, and that Customer's failure to do so will result in all unauthorized fuel purchases completed through the use of a lost or stolen Fuel Access Card, prior to Customer providing notification to CityServiceValcon to be charged to Customer as a normal purchase. Customer shall notify CityServiceValcon promptly by telephone, and immediately in writing, of any loss or theft of Customer's Fuel Access Cards.

Indemnity Agreement/Customer. Customer shall not be responsible for a malfunction of CityServiceValcon's fueling equipment. Customer shall indemnify and hold CityServiceValcon harmless from and against any and all claims, actions, fees, suits, judgments, penalties, remediation expenses, or other charges of any kind (hereinafter referred to collectively as "loss") or threatened loss which CityServiceValcon may sustain or incur arising out of Customer's (or anyone using Customer's Fuel Access Cards) negligent use of the issued Fuel Access Cards and/or CityServiceValcon's fueling equipment including, without limitation, any loss or threatened loss related to death, bodily injury, property damage or destruction, damage to the environment, including but not limited to the accidental release of petroleum products on, in or about a fueling site, or Customer's (or those using Customer's Fuel Access Cards) violations of any hazardous materials laws.

Defaults by Customer/Rights of CityServiceValcon In the event of Customer's default in making payments in full when due, Customer's death, bankruptcy, insolvency, or any other breach of this Fuel Access Card Agreement, all or any portion of Customer's obligation to CityServiceValcon shall upon CityServiceValcon's election and without notice, become immediately due and payable. In addition, CityServiceValcon may, in its sole discretion and at any time, without notice, cause or liability to Customer, or in any way affecting Customer's obligation to CityServiceValcon reduce or cancel fuel access availability to Customer, revoke any Customer discount, refuse to make any further fuel sales, and revoke the issued Fuel Access Cards. Customer agrees to surrender the Fuel Access Cards upon exercise of CityServiceValcon's rights hereunder. CityServiceValcon may, from time to time and in its sole discretion, waive or decline to enforce any of its rights under the Agreement (e.g. forgiving delinquencies, accepting partial payments, making sales in excess of Customer's credit limit, etc.) without affecting any of CityServiceValcon's rights hereunder.

Notification of Change of Address. Customer shall promptly notify CityServiceValcon of any changes in business name or address.

Governing Law; Collection Expenses. I agree to pay all collection fees and costs incurred in connection with the collection of any amounts due. I agree to pay attorney's fees and costs in any legal action to enforce this agreement. I agree performance of this agreement by me is due in Kalispell, Montana and this agreement is governed by Montana law. I agree to be subject to personal jurisdiction in Montana and venue for any legal action shall be in Kalispell, Montana.

Signing this Credit Application and/or using issued Fuel Access Cards constitutes Customer's full acceptance of the terms and conditions, including payment terms, set forth in this Fuel Access Card Agreement

Initial _____ Initial _____



Propane Safety Information

Propane is flammable and may cause fires and explosions. Propane is heavier than air and can collect initially at low levels. Always be sensitive to the slightest propane gas odor. Any sort of a propane gas odor may signal a serious leak. Investigate all foul odors. What you think may be garbage, sewage or a dead mouse may be a serious propane gas leak. Should you have questions as to whether the odor you've identified is actually propane, please refer to the scratch and sniff literature provided to you.

Under some of the following conditions, you may not smell a gas leak, so we recommend you install a propane gas detector(s) in accordance with manufacturer's instructions. Some people (especially the elderly) are unable to detect the smell of gas. Colds, allergies, sinus congestion, and the use of tobacco, alcohol, or drugs, may diminish your sense of smell. Cooking odors or other strong odors can cover up the smell of gas. On rare occasions, propane gas may lose its distinctive odor. This is called "odor fade". Air, water, and rust in a propane tank or cylinder may weaken the gas odor, especially if the valves were left open after the container has been emptied. Sometimes propane gas can lose its odor if a leak occurs underground. Odorant in leaking gas can absorb (stick) to building materials such as unpainted or untreated masonry and rough wall surfaces, to furniture fabrics and drapes, and to the inside walls of gas piping and static or periodically used propane containers and distribution systems.

If you smell propane gas in your house, camper, RV, workplace, or around any gas equipment:

Put out smoking materials and other open flames.

DO NOT operate electric switches, light matches, or use your phone. Any spark or flame in the area where propane gas is present may ignite the gas. This could include the spark in a light switch, telephone, appliance motor, and even static electricity from walking around the room.

Immediately get everyone out of the building, vehicle, RV trailer, or area.

Close all gas tank or cylinder supply valves.

Do not re-enter the building, vehicle, RV trailer, or area. Use your neighbor's phone and call a trained LP-Gas service person and the fire department. Even though you may not continue to smell gas, do not turn on the gas again.

Let the service person and firefighters check for propane gas leaks. Have them air out the area before you return.

Have properly trained LP-Gas service people repair the leak, then check and relight all of your propane gas appliances for you.

Important Safety Reminders

Don't enter an area where you suspect a gas leak. If you are in such an area, leave immediately!

Be alert for propane odor when working in areas where propane is used. Even a faint odor may indicate a hazardous situation.

Do not try to judge for yourself the level of danger of a gas leak by trying to determine if one smell of gas is weak or strong. All gas leaks pose a serious risk.

Repeated pilot outages could indicate a hazardous condition. Don't attempt to relight the pilot, or service your equipment.

If you choose to light your own pilots, call CityServiceValcon for instructions.

Before lighting a propane gas appliance, sniff around the area at floor level. If you smell gas, don't light the appliance.

Shut off the gas immediately at the tank, if your appliance has been flooded. Do not use your gas system again until the wet or flooded equipment has been checked and serviced.

Improperly vented or defective appliances can cause potentially fatal carbon monoxide poisoning. Have your propane system and appliances periodically inspected.

Don't tamper with or use tools to operate controls. If controls are difficult to operate by hand, call CityServiceValcon immediately.

Keep combustible products, like gasoline, kerosene or cleaners in a separate room from propane appliances. Your appliance pilot lights could ignite fumes from these combustibles.

Don't operate any propane gas appliance without reading the instructions carefully.

Some people wrongly believe that the smell of propane gas is a signal that their tank is nearly empty and should be refilled. When a tank is low, you may get a momentary whiff of gassy smell when stove top burners are ignited. However, if the smell of gas lasts more than an instant, then the continuing gas odor means that you may have a serious propane gas leak. Any persistent gassy smell is your signal to take immediate emergency action.



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ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT

I authorize CityServiceValcon and Glacier Bank (Po Box 27, Kalispell, MT 59903) to initiate debit or credit entries to my checking/savings account. This authority will remain in effect until I notify CityServiceValcon in writing to cancel it, in such time as to afford the bank a reasonable opportunity to act on it. This Agreement may be submitted directly to the contact information shown above.

1. Reason for Submission

Indicate the reason for your submission.

Check **ONLY one**. ▶

☐ New EFT Enrollment

☐ Change to Current EFT Enrollment
(e.g. account or bank changes)

Indicate the starting
date to begin drafting
from your account ▶

| |
|---------------------------|
| Effective Date MM/DD/YYYY |
| |

Indicate your
customer
account number
(If applicable) ▶

| |
|-------------------------|
| Customer Account Number |
| |

2. EFT Authorization for Your Bank Account

You **must** be an owner or authorized individual of the account

at your financial institution.

Bank Account

Check **ONLY one**. ▶

☐ Checking ▶ Attach a voided check
with your full name preprinted on it
or a bank account verification letter.

☐ Savings ▶ Attach a deposit slip or
a bank account verification letter.

Complete this section
and attach a voided
check, deposit slip
(savings account only),
or bank account
verification letter. ▶

| | |
|---|-----------|
| Owner(s) Name(s) Exactly as shown on Bank Account | |
| | |
| Bank Routing / ABA Number (9-Digits) | Bank Name |
| | |
| Checking or Savings Account Number | |
| | |

3. Email for EFT Notifications

Please indicate the Email address where you would like your EFT notifications sent.

Enter Email address ▶

| |
|---------------|
| Email Address |
| |

4. Signature and Date *Form cannot be processed without signature and date.*

I understand that the Automated Clearing House electronic funds transfer entry will only be accepted by my Financial Institution if sufficient funds are available in my account and I hereby agree to insure sufficient funds are on deposit prior to each EFT debit.

I understand that if I refuse or otherwise fail to make payment for a debit entry, this agreement and all other agreements between me and CityServiceValcon may be terminated by CityServiceValcon. In addition, I understand that I will be charged a handling fee.

| | |
|---------------------------------------|--|
| OWNER/AUTHORIZED INDIVIDUAL SIGNATURE | PRINT OWNER/AUTHORIZED INDIVIDUAL NAME |
| | |
| TITLE | DATE MM/DD/YYYY |
| | |

5. Attachment of Verification

- Option 1 ▶ Attach a copy of a check as shown below
- Option 2 ▶ If you are submitting a bank account verification letter, it **must** be on Bank Letterhead and **must** identify the name as it appears on your account, the routing number and bank account number.

Attach here:

Name must be
preprinted and
unaltered

The diagram shows a check with the following fields and annotations:

- Name:** "Your Name Here", "601 Montana Avenue", "Your City, State 59901". An arrow points to this section with the text "Name must be preprinted and unaltered".
- Pay to the Order of:** A blank line for the payee.
- Amount:** "\$" followed by a blank line and "Dollars".
- YOUR FINANCIAL INSTITUTION:** "Bank address, USA".
- For:** A blank line for the purpose of the check.
- Routing #:** A box containing the numbers "123456789". An arrow points to this box with the text "Routing #".
- Account #:** A box containing the numbers "1234567890". An arrow points to this box with the text "Account #".
- Check #:** A box containing the numbers "1001". An arrow points to this box with the text "Check #".
- Security Features:** A small box in the bottom right corner that says "Security Features Included Outline on Back".

NOTE: Checks vary. These sets of numbers may not be in the same order on your check.