



## Commercial Application

P.O. Box 1 • 640 W. Montana  
Kalispell, MT 59903-0001  
(406) 755-4321 • Fax (406) 756-8591  
E-Mail: [accounting@cityservicevalcon.com](mailto:accounting@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 Contact Name	Billing Telephone Number ( )	Fax Number ( )		Billing E-Mail 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				Type of Business	
*** Please Include Financial Statements ***					
Owner(s) or Partner(s) Information - Attach additional sheet if necessary					
First Name	Middle Initial	Last Name	Title		Social Security Number
Residence Address		City	State	Zip	County
Telephone Number ( )	Alternate Telephone Number ( )		E-Mail Address		
First Name	Middle Initial	Last Name	Title		Social Security Number
Residence Address		City	State	Zip	County
Telephone Number ( )	Alternate Telephone Number ( )		E-Mail 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 Authorization Form required when applying for fuel cards.					
<input type="checkbox"/> Heating Oil   Tank Sizes: _____					
<input type="checkbox"/> Lubricants					
<input type="checkbox"/> Propane <input type="checkbox"/> Own Tank <input type="checkbox"/> Rent Tank   Tank Sizes: _____					
<input type="checkbox"/> Wholesale Fuels <input type="checkbox"/> Check this box if greater than 4000 Gallons					

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 charges 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 attorney's fees and other collection costs incurred in connection with the collection of any amounts due. Venue of any legal action to collect any amounts due shall be Flathead County, Montana.

*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.*

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Authorized Signature

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Please print name and title

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Date

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Authorized Signature (If applicable)

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Please print name and title

---

Date

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### 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.

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.

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Guarantor Signature

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Please print name

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Date

---

Guarantor Signature (If applicable)

---

Please print name

---

Date



## ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT

I authorize CityServiceValcon and Glacier Bank, Po Box 27, Kalispell, MT 59901, 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. My account information is:

**Name / Entity Name on Account** \_\_\_\_\_

**Financial Institution** \_\_\_\_\_

**Bank Address** \_\_\_\_\_

**Bank Contact** \_\_\_\_\_

**Bank Telephone Number** \_\_\_\_\_

**Bank Routing Number** \_\_\_\_\_

(located between these symbols 1: 1: on the bottom left of your check)

**Bank Account Number** \_\_\_\_\_

**Account Type:**                      **Checking** ☐                      **Savings** ☐

**Effective 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.

**\*For Office Use Only\***

**Account #** \_\_\_\_\_

**Customer Authorization:**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**\*\*\*\*PLEASE ATTACH A VOIDED CHECK FOR THE ACCOUNT REFERENCED ABOVE\*\*\*\***



## 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 electronic funds transfer (EFT) on the tenth of each month. If for any reason an EFT be returned, CityServiceValcon shall charge a \$100.00 return fee 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.** All terms and provisions to this Fuel Access Card Agreement shall be interpreted and governed by CityServiceValcon's choice of law. In the event that collection and/or enforcement efforts are commenced by CityServiceValcon Customer shall pay to CityServiceValcon its collection and legal expenses, including expert fees and attorney fees, both pre-judgment and post-judgment. Customer agrees that the venue for any action arising out of the collection and/or enforcement of this agreement shall be the Eleventh Judicial District Court, Flathead County, Montana, unless CityServiceValcon elects otherwise for purposes of convenience of the parties.

*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

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.**