SMALL BUSINESS GOOD OIL FLEET CARD CREDIT APPLICATION GOOD OIL COMPANY, INC

1201 N US 35 Winamac, IN 46996 574-946-4863; Fax 574-946-4563 ar@goodoilcompany.com

NAME OF BUSINESS:			
BUSINESS FEIN #			
PHYSICAL ADDRESS:			
MAILING ADDRESS			
PHONE #	FAX #		
A/P CONTACT	A/P E	MAIL	
FLEET CARD USER ACCESS	ΓΟ CARD DATA BASE	EMAIL ADDRESS	
USER 1		EMAIL ADDRESS	
USER 2			
TRADE REFERENCES: COMPANY NAME	ADDRESS	PHONE	FAX
1.)			
2.)			
3.)			
FINANCIAL INSTITUTION: BANK NAME		_ ACCOUNT #	
ADDRESS:			
PHONE #_ ************************************	FAX	, 	******
MONTHLY CREDIT DESIRED:	\$		
(I)(We) authorize bank, credit repoinformation now and at any time in	orting agencies and any cre the future.	dit references to provide	e requested account
SIGNED	PRINT NA	AME	
TITLE	DA	ATE	
SIGNED	PRINT NA	AME	
TITLE	DA	ATE	
(I)(We) the undersigned, as guara incurred on this account within the n/30; station charges payable on thattorney or collection agency, I wi witness fees, and collection fees of bear interest at the legal rate of 18 County, Indiana.	e agreed time period of (tra ne 15th). I understand and Il pay the cost of such coll- r attorney fees of 40% of the	ansports (semi) n/10; tan agree that should the ac ection, including but not the total balance. All del	nk wagon delivery count be referred to an t limited to, court costs, linquent accounts may
SIGNATURE	POSITION		DATE
SIGNATURE	POSITION		DATE

INTEVACON FLEET CARD SOLUTIONS

Cardholder Assignments and Restrictions

Cardholder Account Name:

List of Drivers to Assign to Cards	Prompts - PIN/Veh ID/Driver ID/Odometer	PIN # (If applicable)	Product Restrictions?	Usage Restrictions	Usage Limit (if applicable)	Site Restrictions?
						N or Y
2						N or Y
7						N or Y
4 1						N or Y
0 %						N or Y
1 0						N or Y
, 0						N or Y
						N or Y
						N or Y
						N or Y
List of Vehicles to Assign to Cards	Cards					
						N or Y
						N or Y
						N or Y
						N or Y
						N or Y
						N or Y
						N or Y
						N or Y
						N or Y
						N or Y

