



www.pacificprideUSA.com
 P.O. Box 368 -- Sumner, WA 98390
 1.800.77.FUELS - FAX 253.267.8943
 email to: credit@sniderpetroleum.com

The Nation's Largest Card-lock Fueling Network!

Customer Information

| | | | |
|--|----------------|--|----------------------------|
| Are you currently using the Pacific Pride Network: Yes or No | | Please indicate fuel cards you currently use: CFN WEX Voyager Other: | |
| Customer Name: | | FED ID#: | Cust No: (office use only) |
| Physical Address: | Phone: | Credit Line Requested: | |
| | City & Zip | Type of Business: | |
| Mailing Address (if different): | # of Vehicles: | # Years in Business: | |
| | # of Drivers: | Est. Monthly Purchases: | |
| Owner or Officer: | Home Address: | Date of Birth: | SS#: |
| Who should we send Reports/Invoices to: | Name: | email: | |
| Main Contact for Fuel Card Set-Up: | Name: | email: | |

Terms & Conditions:

The "Customer" hereby applies for credit, and/or updates and confirms existing accounts for past and future purchases on account(s) with Snider Petroleum ("Supplier"), subject to the following terms and conditions. These terms and conditions govern all purchases on Customer's account with Supplier, including future credit and existing indebtedness Customer owes Supplier. Customer authorizes Supplier to investigate its credit history and the credit history of the owners, officers and partners. Customer and Guarantor agree to provide Supplier with updated credit information, including a credit report, banking information, or trade references, upon request. Customer agrees that it is responsible for paying for all purchases on its account with Supplier. Customer agrees to be bound by the terms of Supplier's Card-lock Use Agreement.¹ Customer agrees to review all invoices provided by Supplier and to notify Supplier no later than 15 calendar days after the date of each invoice of any errors or disputes with respect to transactions and other information therein. After 15 calendar days, each such statement and the transaction(s) therein shall be binding on Customer. Customer agrees to pay a late fee of 1.5% per month (18% annually) or a minimum of \$5.00 per month on past due amounts. Payments for past due amounts will be applied to interest first and then to principal. Customer agrees to pay all collection costs, including attorney fees and costs expended by Supplier to collect past due amounts. Venue for any disputes arising from this agreement shall be Pierce County, Washington. Customer agrees to pay a \$39 service fee on NSF payments and dishonored EFT drafts.

Individual Personal Guarantee

To Snider Petroleum:

I, _____ ("Guarantor") residing at _____
 for and in consideration of your extending credit at my request to _____ (hereinafter referred to as the "Company", of which I am _____ (title) hereby personally guarantee to you the payment of any obligation of the company, including principal, interest, attorney fees, and costs, and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the company whenever the company shall fail to pay the same. It is understood that this guarantee shall be a continuing in nature and may only be revoked upon written notice delivered by certified mail to Supplier at the above-listed address. Such a revocation will not discharge this obligation for any amounts already due. I do hereby waive notice of default, non payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed. By signing below, Guarantor agrees to be bound by the Terms & Conditions listed above. Designation of corporate capacity is informational and does not affect personal nature of this guarantee.

Signature: X _____ Printed Name: _____
 Social Security#: _____

Automatic Payment Authorization (EFT)

| | |
|------------------------------------|--|
| Financial Institution Name: | |
| Account Number: | |
| ABA/Transit Routing Number: | |

Please attach a Voided Check for Verification

I authorize Supplier to automatically withdraw from my account identified above the total amount due on my account and to make deposits if necessary for error correction. I authorize the Financial Institution named above to accept such transactions initiated by Supplier. This authorization is to remain in full force and effect until Supplier has received written notification from me of its termination in such time and in such manner to afford Supplier and my Financial Institution a reasonable opportunity to act.

I have read and Agree: _____ **Printed Name & Title:** _____ **Date:** _____

Signature: X _____