



# Whatcom Farmers Co-op

P.O. Box 611  
Lynden WA 98264  
360-354-2108, Fax 360-354-3936

## APPLICATION FOR CARDTROL GAS CARD

Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Phone (Home)	(Work)	(Cell)
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Number of Cards Requested: \_\_\_\_\_

Dollar Amount per fill-up: (Choose One)

Up to:     \$50     \$150     \$250     \$500     \$999  
              \$100     \$200     \$350     \$750

Type of Fuel Used:

<input type="checkbox"/> Regular, Prem or Super	<input type="checkbox"/> Diesel
<input type="checkbox"/> Regular-Super-Diesel	<input type="checkbox"/> Farm Diesel
	<input type="checkbox"/> All products

## OPTIONS AVAILABLE ON CARDS

Request Security Pin:     Yes     No    (No Choice of Pin #)

    Same Pin on all Cards?     Yes     No

Request Odometer Input:     Yes     No

Request Vehicle Number:     Yes     No

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please send my new gas card to: (Choose One)

- |  |   |
|--|---|
| <input type="checkbox"/> Lynden Office         | <input type="checkbox"/> Lynden C-Store     |
| <input type="checkbox"/> Ferndale Farm Store   | <input type="checkbox"/> Everson C-Store    |
| <input type="checkbox"/> Bellingham Farm Store | <input type="checkbox"/> Everson Farm Store |

**\*\*\*Please complete and sign on reverse side**

(For office use only)

Approved	Date	Employee?



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## CARDTROL AGREEMENT

This agreement is made and entered into on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by and between WHATCOM FARMERS CO-OP hereafter referred to as "COOPERATIVE" and the person or business known as:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

hereinafter referred to as "PATRON"

1. PATRON agrees to limit the use of the above dispensing equipment to persons who have been instructed and qualified in the use of such equipment by COOPERATIVE's Petroleum Manager or persons so designated by such Manager for that purpose.
2. PATRON agrees not to leave the dispensing equipment unattended at any time while it is being operated and to accept the responsibility of controlling sources of ignition. PATRON further agrees not to dispense Class 1 liquids into containers not in compliance with the State Fire Code.
3. PATRON also understands that the price to be paid for fuels dispensed may vary and be changed without notice by COOPERATIVE.
4. PATRON understands that a product shortage may occur and COOPERATIVE reserves the right to implement allocations as necessary or dictated by law. PATRON agrees to abide by any necessary gallon restrictions that may occur.
5. PATRON understands and agrees that any violation of the terms of this agreement shall constitute authority for the COOPERATIVE to immediately, and without notice, terminate this agreement and the use of the facilities herein described. PATRON also may terminate this agreement at any time by the return of the card to the COOPERATIVE with payment in full for petroleum purchased.
6. PATRON understands and totally agrees to adhere to and comply with the Credit Policy of the COOPERATIVE and in particular that all Cardtrol and regular charges from the previous month are to be paid in full on or before the closing date of the current month.

Applicant Signature: \_\_\_\_\_ Account # \_\_\_\_\_