



# TOWNSEND GAS & OIL

1740 Old Route 119 South  
Homer City, PA 15748

Office 724-479-9233  
Fax 724-479-9243

## KardLock fuel card credit application

PLEASE PRINT, APPLICATION MUST BE SIGNED WHERE INDICATED

Name to be listed on the account \_\_\_\_\_

Mailing Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ FAX # \_\_\_\_\_

### Name of Company Officer(s) [If Applicable]

Name \_\_\_\_\_ Position \_\_\_\_\_ Social Security # \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_ Social Security # \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_ Phone # \_\_\_\_\_

### Name of Bank / Financial Institutions:

1. \_\_\_\_\_

2. \_\_\_\_\_

### Name of businesses you have established credit with. (Do not include major credit cards.)

1. \_\_\_\_\_ Phone # \_\_\_\_\_

2. \_\_\_\_\_ Phone # \_\_\_\_\_

Number of KardLock Fuel Cards needed \_\_\_\_\_ Do you need mileage input? \_\_\_\_\_

Please provide a Pin Number between 4 and 8 digits. \_\_\_\_\_

If more than 2 cards, please list on a separate sheet of paper, vehicle # and provide a Pin Number between 4 and 8 digits to be used for each vehicle or driver.

Please check desired products	All taxes	Tax exempt	Sales Tax	No Sales Tax
Unleaded Regular Gasoline				
Unleaded Premium Gasoline				
Ultra Low Off Road Diesel				
Ultra Low On Road Diesel				
Ultra Low Dyed K-1 Kerosene				

Social Security Number or Federal ID Number \_\_\_\_\_

If you are TAX EXEMPT, please provide a completed tax exemption form with this credit application.

I hereby authorize Townsend Gas & Oil, Inc. to use the above information for verification purposes,  
I HEREBY AGREE THAT I ABSOLUTELY UNCONDITIONALLY AND IRREVOCABLY GUARANTEE, AS  
PRIMARY OBLIGOR AND NOT MERELY AS SURETY, THE FULL AND PUNCTUAL PAYMENT, WHEN DUE,  
OF ALL PRESENT AND FUTURE OBLIGATIONS, WHETHER FOR PRINCIPAL OR INTEREST, FOR ANY AND  
ALL FUELS AND GOODS PURCHASED FROM TOWNSEND GAS AND OIL, INC.; and

I accept the payment terms of 30 days and a finance charge of 1.5% monthly, 18% per year on all unpaid balances.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_