CARDTROL/MEMBERSHIP APPLICATION FORM

DATE _____

ACCOUNT # _____
(IF EXISTING ACCOUNT)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

REQUEST CARDTROL (CHARGE CARD) ____ YES ____ NO

FUEL LIMIT WILL BE 50 GALLONS PER FILL UNLESS
OTHERWISE NOTED. GALLONS PER FILL _____

MEMBERSHIP/PATRONAGE CARD ONLY ____ YES ____ NO

IF REPLACEMENT CARD, INCLUDE CARD # _____

NUMBER OF CARDS _____

REQUEST TO KEEP SAME CARD # _____ YES _____ NO

RECEIVED BY: _____(EMP INITIALS)

STORE # _____

OFFICE USE ONLY

CARD(S) MAILED _____ (DATE)

BY: _____ (EMP)