



Fuel / Debit Card Application & Agreement

Business Name: _____

Is Your Business Incorporated? YES NO

Federal I.D. #: _____ MC# _____

Owner/President Name: _____

Owner Social Security Number: _____

Point-of-Contact Name: _____

Business Mailing Address: _____

Business Phone: _____ FAX: _____

Cell: _____ OTHER: _____

Owner's Home Address: _____

Home Phone: _____ FAX: _____

Return completed application/agreement to:

CTS Fuel Card Services
Attn: Karen Brace
PO Box 464, Madison SD 57042
Toll Free Phone: 877-736-4411
Fax: 866-823-2503
karenb@rapidnet.com

CRITICAL POINTS OF FUEL/DEBIT CARD AGREEMENT

Number of Units that will use the Card(s): _____

Transaction Fee: \$2.50

Gallons of Fuel per 24-Hour Period: _____
(Note: 300 gallons is standard unless otherwise specified)

Gallons of Reefer Fuel per 24-Hour Period: _____
(Note: 50 gallons is standard unless otherwise specified)

Oil and/or Additive Purchases Allowed: YES NO
(Note: \$45.00 worth of oil/additives is standard unless otherwise specified)

Weekly Cash Advance Allowed: YES NO

Dollar Amount of Weekly Cash Advance Allowed: \$ _____

Minor Repairs on Truck: YES NO

Tire Repairs/Purchases: YES NO

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List Each Unit Number that will be the using Fuel/Debit Card:

Unit: _____ Unit: _____

Unit: _____ Unit: _____

Unit: _____ Unit: _____

Unit: _____ Unit: _____

PAYMENT ARRANGEMENTS

OCF is willing to send portions of your factoring funds to CTS to fund your fuel account, you may elect to have Electronic withdrawals out of your checking account, you may use "Check by Phone", or you may use Comchecks, etc. CTS is very flexible as to how you choose to fund your account as long as sufficient funds for your purchases are available.

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Note: By signing this Agreement you are agreeing to the options that have been put onto the card(s) and are agreeing to the electronic transfer of funds, if necessary. You are also granting CTS permission to obtain personal credit information on you and your spouse and/or business partners. You are also guaranteeing that the appropriate funds will be available for transfer. CTS maintains the right to cancel this Agreement at any time. CTS and OCF shall be held harmless from any claims, actions, suits, proceedings, costs, expenses, damages, liabilities, including attorneys' fees and costs, arising out of, connected with, or resulting from use of the Fuel/Debit card(s). This Agreement shall be governed by the laws of the State of South Dakota for CTS and the State of Washington for OCF.

A \$100.00 "Insufficient Funds" fee will be charged if your bank fails to honor an electronic transfer for any reason whatsoever.

Owner's Signature: _____
Date: _____

A \$75.00 set up fee will be charged.

For CTS office use only

CTS assigned company number: _____

CTS assigned PIN number: _____

CTS assigned dollar amount authorized on PIN: _____

CTS assigned Business Works number: _____

CTS assigned Fuel Card Program number: _____