



Signing Rep: _____

Sales Office Phone: _____

MERCHANT PROCESSING APPLICATION AND AGREEMENT

(Page 1 of 5)

COMPLETE SECTIONS (1-9)

Merchant # _____ Loc. 1 of _____

GenISO1505		(1) TELL US ABOUT YOUR BUSINESS		GenISO1505	
Client's Business Name (Doing Business As):			Client's Corporate/Legal Name (Use Also For Headquarters' Information):		
Business Address:			Billing Address (If Different Than Location Address):		
City:	State	Zip	City:	State	Zip
Location Phone #:	Location Fax #:		Contact Name:		
Business E-mail Address:			Contact Phone #:		Contact Fax #:
Business Website Address:			Contact E-mail Address:		
Send Retrieval Requests / Fax Type to: <input type="checkbox"/> Business Address <input type="checkbox"/> Fax #			SIC/MCC		

(2) M C / V I S A / D I S C O V E R ® NETWORK FULL SERVICE

Your Total Monthly Cash and Credit Sales:	\$ _____	Your Total Monthly Cash and Credit Sales: (For All Outlets)	\$ _____
Estimated MC/Visa Average Ticket / Sales Amount:	\$ _____	Total Monthly MC/Visa Volume: (For All Outlets)	\$ _____
Monthly MC/Visa Vol. for this Outlet:	\$ _____	Total Monthly Discover® Network Volume: (For All Outlets)	\$ _____
Estimated Discover Average Ticket for this Outlet:	\$ _____	Estimated Discover Monthly Sales Volume for this Outlet:	\$ _____

(3) ENTITLEMENTS

MC/ Visa Discover Full Processing (Discover Network systems and rules will process and govern JCB Transactions. Select Discover Full Processing if JCB is requested.)

Voyager Fleet* or Existing Voyager Acct#: _____ Annual Voyager Vol.: \$ _____ MC Fleet Wright Express or Existing WEX Acct #: _____
 *Tax exempt Voyager Cards accepted: Yes No Annual Wright Express Volume: _____

Non-Lic. JCB (EDC) _____ (Existing Account #) WEX (Non-Full Svc)

American Express (Existing SE #) _____ or ESA # (New Request) EDC
 American Express Cap # _____ Franchise Name: _____ Other: _____ SE #: _____

Debit Package 8 4 0 7 2 0 6 1 EBT FNS # (XREF): _____

(4) PROVIDE MORE BUSINESS DATA

State Incorp. _____ Month/Yr. Started: _____ Sole Ownership Partnership Non Profit/Tax Exempt Public Corp. Private Corp. L.L.C. Gov't.

Check one: TIN Type: EIN (Fed Tax ID #) _____ SSN _____ D&B #: _____

NOTE: Failure to provide accurate information may result in a withholding of merchant funding per IRS regulations (See Part IV A.3 of your Program Guide for further information.)

Name (as it appears on your income tax return)	<input type="checkbox"/> Federal Tax ID#: (as it appears on your income tax return)	<input type="checkbox"/> I certify that I am a foreign entity/nonresident alien. (If checked, please attach IRS Form W-8.)
--	---	--

Mag Swipe _____ % + Keyed Manually _____ % = 100% Product/Services You Sell: _____

POS Card Present (MAG Swipe and/or Manual Imprint) _____ % + Mail Order/Direct Marketing _____ % + Phone Order _____ % + Internet _____ % = 100%

Do you use any third party to store, process or transmit cardholder data? Yes No (Examples include, but not limited to web hosting companies, Electronic Data Capture, Loyalty programs)
 If yes, give name/address: _____

Please identify any Software used for storing, transmitting, or processing Card Transactions or Authorization Requests: _____

(5) DESCRIBE EQUIPMENT DETAILS

Network: (206) CARDnet Nashville BuyPass Other _____ Specify Security Code: (_____)

Customer- Owned Leased (Circle one)	QTY	IP	Equipment Type (i.e. Terminal/ VAR/ Internet)	Retail • Restaurant •MOTO/ Internet Lodging • Supermarket • Car Rental Quick Service Restaurant • Petro	Model Code and Name	For Customer-Owned Equipment Track / Version/ Serial #
C L		<input type="checkbox"/>		R Re MOTO/I L S C QSR P		
C L		<input type="checkbox"/>		R Re MOTO/I L S C QSR P		
C L		<input type="checkbox"/>		R Re MOTO/I L S C QSR P		

NOTE: Any Special Instructions must be included on About Merchant's Business Page.

Wireless Provider: GPRS Cingular or Other: _____

Check one: Gateway Solutions First Data Global Gateway (FDGG)
 Dial Solutions VSAT*** Frame Other: _____ First Data® Payment Software Serial # _____

VAR/ Internet/ Software: Name: _____ (Nashville Only: Product ID # _____ Vendor ID # _____)

***Requires separate agreement between VSAT Provider prior to implementation of this telecommunications protocol.

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DBA Name _____ Loc. 1 of _____

GenISO1505 (6) PROVIDE YOUR OWNER INFORMATION GenISO1505

Owner/Partner/Officer Name: _____ D.O.B: _____ Social Security #: _____ Home Phone: _____ Title: _____ % of Ownership _____

Home Address: _____ City: _____ State: _____ Zip: _____ Owner's E-Mail Address (Required for Click to Agree) _____

Owner/Partner/Officer Name: _____ D.O.B: _____ Social Security #: _____ Home Phone: _____ Title: _____ % of Ownership _____

Home Address: _____ City: _____ State: _____ Zip: _____ Owner's E-Mail Address (Required for Click to Agree) _____

(7) FLAT RATE / IC PLUS / TIER PRICING SCHEDULE

Start-Up Fees (One-Time Charge)	Compliance Fees	Other Fees
Non-Taxable Fees: Application Fee (Non-Refundable) (247) \$ _____ Account Validation Fee (One-time fee charged at time of boarding) \$ _____ Reprogramming Fee (31A) \$ _____ Debit Set-up Fee (31B) \$ _____ Other: () \$ _____	Compliance Fees Annual Compliance Service Fee* () \$ _____ OR Monthly Compliance Service Fee* () \$ _____ *Billing to start 3 months after contract date.	Other Fees Early Termination Fee \$ _____ Annual Membership Fee (294) \$ _____ Chargeback Fee (205, 725, 20L) \$ _____ Retrieval Fee (26A, 262, 20M) \$ _____ Batch Settlement Fee (227) \$ _____ EBT Cash / Food Stamps (029) \$ _____ Network Access Fee - Debit (420) \$ _____ Amer. Express Trans. Fee (013, 014) \$ _____ MC Acquirer CNP AVS Fee (10Z) \$ _____ MC Cross Border Fee USD (605) % MC Acquiring AVS Billing (OFB) \$ _____ MC NABU Fee (60M, 0B4) \$ _____ MC Access Fee (197) \$ _____ MC Processing Integrity Fee (04F) \$ _____ Visa Access Fee (241) \$ _____ Visa Int'l Service (22A) % Visa Int'l Acquirer Fee (22F) % Visa Zero Floor Limit Fee (04I) \$ _____ Visa Zero Amt. Fee (10Y) \$ _____ Visa Misuse of Auth Fee (04G) \$ _____ Visa Partial auth NP Trans Fee (12D) \$ _____ Visa Auth Processing Fee (04H) \$ _____ Visa Auth Processing Fee (Debit) (04J) \$ _____ Visa US Debit Trans Integrity Fee (238) \$ _____ (per occurrence) **Visa Network Fee CP (NF1) \$ _____ **Visa Network Fee CNP (NF2) \$ _____ Discover Int'l Processing Fee (22G) % Discover Int'l Service Fee (22H) % Discover Data Usage Fee (22E) \$ _____ US Cross Border Fee, Non USD (606) % MC US Acct Stat Inq Svc Interreg Fee (11G) \$ _____ MC US Acct Stat Inq Svc Interreg Fee (11H) \$ _____ Visa Kilobyte Fee (447) \$ _____ MasterCard Kilobyte Fee (448) \$ _____ TIN.TFN Blank or Invalid Fee (181) \$ _____ (as applicable) Other: () \$ _____
Billed Monthly Fees Monthly Service Fee (335) \$ _____ ACH Reject Fee (401) \$ _____ Minimum Processing Fee (954) \$ _____ Wireless Access Fee (399) \$ _____ FEE PER TID # OF TIDS TOTAL \$ _____ x _____ = \$ _____ Monthly ClientLine® Fee (32R) \$ _____ eIDS Monthly Fee (29E) \$ _____ Regulatory Product Fee (35I) \$ _____ Wireless Comm Monthly Fee (472) \$ _____ Monthly Statement Fee (323) \$ _____ Other: \$ _____	First Data Global Gateway Start-Up Fees FDGG Set-up Fee (31X) \$ _____ FEE PER TID # OF TIDS = TOTAL \$ _____ x _____ = \$ _____ Internet Set-up Fee (30R) \$ _____ FEE PER TID # OF TIDS = TOTAL \$ _____ x _____ = \$ _____ Billed Monthly Fees FDGG (31Z) \$ _____ FEE PER TID # OF TIDS TOTAL \$ _____ x _____ = \$ _____ Internet Service Fee (394) \$ _____ FEE PER TID # OF TIDS TOTAL \$ _____ x _____ = \$ _____ Internet Authorization & Access Fees MC Internet Auth Fee (03R) \$ _____ Visa Internet Auth Fee (04R) \$ _____ Amex Internet Auth Fee (06I) \$ _____ Disc./JCB Internet Auth Fee (07I, 08D) \$ _____ Internet Access Fee (30N) \$ _____	
Authorization and AVS Fees MC Auth Fee (030, 031, 032, 033, 034, 03V, 03W, 03X, 03Y) \$ _____ Visa Auth Fee (040, 041, 042, 043, 044, 04V, 04W, 04X, 04Y) \$ _____ Discover/JCB Auth Fee (070, 071, 072, 073, 074, 07V, 07W, 07X, 07Y) (080, 081, 082, 083, 084, 08V, 08W, 08X, 08Y) \$ _____ Amex Auth Fee (060, 061, 062, 063, 064, 06V, 06W, 06X, 06Y) \$ _____ MC/Visa /Discover/Amex Voice AVS (039, 049, 069, 079) \$ _____ MC/Visa/Discover/Amex Voice Auth Fee/VRU (035, 045, 075, 065) \$ _____ AVS Fee (405, 406, 407, 408, 435, 07A, 07B, 07C) \$ _____	Fleet Card Fees Authorization Fees Voyager (0D0, 0D1, 0DV) \$ _____ WEX (0D4, 0B1, 0BV) \$ _____ Other Payment Fees: Voyager Sales Discount Fee (766) % Wright Express Sales Discount Fee (840, 841, 842) % Retrieval Fee (29I) \$ _____ Chargeback Fee (29H) \$ _____	
	Equipment Fees New \$ _____ Datwire Micronode 1400 Monthly Fee (each) (354) \$ _____	

** See Interchange Qualification Matrix ("IQM") for Billing Tables.

Discount Fees (Based On Gross Sales Volume)

Accept all MasterCard, Visa and Discover Transactions (presumed, unless any selections below are checked)

<input type="checkbox"/> MasterCard Acceptance	<input type="checkbox"/> Visa Acceptance	<input type="checkbox"/> Discover Acceptance
<input type="checkbox"/> Accept MC Credit transactions only	<input type="checkbox"/> Accept Visa Credit transactions only	<input type="checkbox"/> Accept Discover Credit transactions only
<input type="checkbox"/> Accept MC Non-PIN Debit trans only	<input type="checkbox"/> Accept Visa Non-PIN Debit trans only	<input type="checkbox"/> Accept Discover Non-PIN Debit trans only

See Section 1.9 of the Program Guide for details regarding limited acceptance. You are responsible for distinguishing Credit from Non-PIN Debit Cards. Even if you have agreed to limit your acceptance of certain cards as outlined above, you must continue to accept all foreign issued cards, whether Credit or Non-PIN Debit. If you agree to limit your acceptance to a particular type of card and, whether intentionally or in error, accept another type of trans action, the resulting transaction will down grade to the highest cost interchange plus the applicable Non-Qualified Sur charge (See Section 18.1 of the Program Guide).

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MERCHANT PROCESSING APPLICATION AND AGREEMENT

DBA Name Pricing Type: Loc. 1 of

GenISO1505 (7) FLAT RATE / IC PLUS / TIER PRICING SCHEDULE (cont'd) GenISO1505

Table with columns for Discount Fee and Transaction Fee, listing various credit and debit card categories and their associated fees.

Table titled 'Flat Rate' with columns for Discount and Transaction Fee, listing specific card types and their flat rate fees.

Non-Qualified Surcharge Fee (excluding interchange pass-through fees, see Section 18.1) Applies to Non-qualified MC, Visa & Discover Credit and/or Non-PIN Debit Transactions. (30D, 20B) %

Pass Through Interchange — Includes Dues and Assessments. You will be charged the applicable interchange rate from MasterCard (560), Visa (550), or Discover (529) plus a MasterCard Assessment Fee (273) of .11% a Visa Assessment Fee (274) of .11%, or a Discover Assessment Fee (234) of .105%, plus any other fees indicated on this Service Fee Schedule.

Table with columns for Discount (Based on Gross Sales Vol.) and Transaction Fee, listing sales credit and non-PIN debit completed transaction fees.

Bundled PIN Debit (191, Key 0-593) \$ OR Unbundled PIN Debit- Txn Fee (018) \$ Unbundled PIN Debit Discount Fee (Key 190, 590, 593) % (plus the applicable network fees) Debit PIN Debit Decline Transaction Fee (42R) \$

(8) AGREEMENT APPROVAL

The statements made in this Merchant Processing Application and Agreement are true. Client acknowledges having received and read a copy of the Program Guide (which includes terms and conditions for each of the services, Operating Procedures, Third Party Agreements and a Confirmation Page), and Merchant Processing Application (consisting of Sections 1-9) as modified from time to time in accordance with the provisions of this Agreement...

By signing below, each of the undersigned authorizes us and our Affiliates to request and obtain from a consumer reporting agency, personal and business consumer reports. If the Application is approved, each of the undersigned also authorizes us and our Affiliates to obtain subsequent consumer reports in connection with the maintenance, updating, renewal or extension of the Agreement.

By signing below, I represent that I have read and am authorized to sign and submit this application for the above entity which agrees to be bound by the American Express® Card Acceptance Agreement ("Agreement"), and that all information provided herein is true, complete, and accurate. I authorize Petroleum Card Services and/or First Data Merchant Services Corporation and American Express Travel Related Services Company, Inc. ("AXP") and AXP's agents and Affiliates to verify the information in this application and receive and exchange information about me personally...

THIS MERCHANT PROCESSING APPLICATION AND AGREEMENT HAS BEEN EXECUTED ON BEHALF OF AND BY THE AUTHORIZED MANAGEMENT OF CLIENT AS OF THE EFFECTIVE DATE.

Client's Business Principal: (Please sign below)

X Signature Print Name Date: Title: Pres. V.P. Member L.L.C. Owner Partner Other:

(PROCESSOR): For Petroleum Card Services and/ or First Data Merchant Services Corporation and Wells Fargo Bank, N.A. X Signature

Signature Print Name Date: Title: Pres. V.P. Member L.L.C. Owner Partner Other:

GenISO1305(a) (9) PERSONAL GUARANTY GenISO1305

In exchange for Petroleum Card Services and/or First Data Merchant Services Corporation and Wells Fargo Bank, N.A.'s acceptance of, as applicable, the Agreement and/or the Equipment Lease Agreement, the undersigned unconditionally guarantees performance of the Client's obligations under the foregoing Agreements, and payment of all sums due there under, and in the event of default, hereby waives notice of default and agrees to indemnify the other parties for any and all amounts due from Client under any of the foregoing Agreements. I understand that this is a Guaranty of payment and not of collection and that Wells Fargo Bank N.A. Petroleum Card Services and First Data Merchant Services Corporation are relying upon this Guaranty in entering into, as applicable, the Agreement and the Equipment Lease Agreement. Signature (Please sign below): Signature (Please sign below): X , an individual X , an individual

Bank Code: _____ Merchant ID: _____ BuyPass Merchant #: _____

DBA NAME _____ 24 (Characters)

GenISO1505	BANKING INFORMATION (REQUIRED)	GenISO1505
First/Last Contact Name at Bank: _____		Phone Number: _____

ABA #: _____ DDA #: _____

CHECKLIST INFORMATION

Sales Support ID: _____ Sales Rep. ID #: _____ Print Sales Rep. Name: _____
 HIERARCHY: Bank: _____ Agent: _____
 Corp. : _____ Chain: _____ BuyPass FIID: _____

CLIENT VISITATION

- | | | |
|--|---|--|
| <input type="checkbox"/> Visit Not Required (Lic. Professional)

1. Zone: <input type="checkbox"/> Business District <input type="checkbox"/> Industrial <input type="checkbox"/> Residential
2. Location: <input type="checkbox"/> Mall <input type="checkbox"/> Shopping Area <input type="checkbox"/> Isolated
<input type="checkbox"/> Office <input type="checkbox"/> Apartment <input type="checkbox"/> Home
<input type="checkbox"/> Other: _____
3. Seasonal: <input type="checkbox"/> No <input type="checkbox"/> Yes, Mos. in Operation: _____
Mos. Open Between _____ to _____
4. External Facility Description (# of Levels/Floors):
<input type="checkbox"/> 1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5-10 <input type="checkbox"/> 11 plus
5. Merchant Occupies: <input type="checkbox"/> Ground Floor
<input type="checkbox"/> Other: _____
6. Remaining Floor (s) Occupied by:
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Combination
7. Advertising Name Displayed:
<input type="checkbox"/> Window <input type="checkbox"/> Door <input type="checkbox"/> Store Front | 8. Time Zone (required): _____

9. Approx. Square Footage:
<input type="checkbox"/> 0-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501-2,000 <input type="checkbox"/> 2,001+
10. # of Employees: _____
11. # of Registers: _____
12. Return Policy:
<input type="checkbox"/> Full Refund <input type="checkbox"/> Exchge Only <input type="checkbox"/> None
13. Do you have a refund policy for your MC/Visa /Discover® Network sales? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Check one:
<input type="checkbox"/> Exchange <input type="checkbox"/> Store Credit <input type="checkbox"/> Refund Cardholder
If MC/ Visa/Discover Credit, within how many days do you submit credit transactions?
<input type="checkbox"/> 0-3 <input type="checkbox"/> 4-7 <input type="checkbox"/> 8-14 <input type="checkbox"/> Over 14 days
14. Proper License Visible (Liquor, Tax ID, etc.):
<input type="checkbox"/> Yes <input type="checkbox"/> No, explain: _____ | 15. Your Previous Processor: _____

16. Your Previous Merchant #: _____

17. Check Reason for Changing:
<input type="checkbox"/> Rate <input type="checkbox"/> Service <input type="checkbox"/> Terminated
<input type="checkbox"/> Other: _____
18. D & B #: _____
19. Do You Have Previous Processor MC/ Visa/Discover Statements? <input type="checkbox"/> Yes <input type="checkbox"/> No
20. Are customers required to leave a deposit?
<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, % of deposit required: _____ %
Time Frame for Delivery: _____ Days |
|--|---|--|

Comments to Credit Officer (40 Characters): _____

MAIL STATEMENTS/ DOCUMENTS

Statement Recap Information: (check one) 01 = Outlet 02 = Stmt to Bill To/No Recap 07 = Suppress Stmt (No Stmt) 08 = Produce Recap, No Stmt
 09 = Bill to Address/Stmt and Recap 10 = Recap to Bill To/Stmt to Outlet

Statement Type: (check one) Detail Summary Statement Delivery Method: (check one) E-Mail Online Print and Mail

Statement E-Mail Address: _____

ON YOUR BUSINESS ACCOUNT CHECKING STATEMENT ROLLUP: (check one)

0 = Each Transfer 1 = Debit/Credit Grouped (By Category) 2 = Net Transfer Amount Only 3 = Net Transfer EOM Fee Combined

PROCESSING INFORMATION

- | | | |
|---|---|--|
| 1. Processing mode: <input checked="" type="checkbox"/> EDC: <input type="checkbox"/> ECR | 2. Funding will be processed DAILY via: <input checked="" type="checkbox"/> ACH <input type="checkbox"/> Bankwire | 5. Fire Safety Act: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Bank will fund: <input type="checkbox"/> Outlet <input type="checkbox"/> Head Office | 4. # of Plates: _____ Long _____ Short
<i>(will be shipped by ISO)</i> | |
| 6. Ship Equipment and Welcome Packet to (will be shipped by ISO) (check one):
<input type="checkbox"/> Outlet <input type="checkbox"/> Head Office <input type="checkbox"/> Other, give mailing information below <input type="checkbox"/> No Welcome Packet and Supplies <input type="checkbox"/> No Welcome Packet | | |

Name:	First/Last Contact Name:		
Address:	City:	State:	Zip:

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DBA Name _____

Merchant ID: _____

GenISOWF1505(ia)

PROCESSING INFORMATION (cont'd)

GenISO1505

7. Additional Terminal Features: (Check all that apply to ensure timely terminal programming)

<input type="checkbox"/> Auto Settle Time _____ hh ET (military)	<input type="checkbox"/> QSR-CR/SMT (Convenience/Small Ticket)	<input type="checkbox"/> Partial Approval	Terminal Features: (Cont'd)	
<input type="checkbox"/> Bar Tab	<input type="checkbox"/> QSR Print Option _____	<input type="checkbox"/> Purchase w/Balance Return	Key Disable	or
<input type="checkbox"/> Clerk /Server Entry	<input type="checkbox"/> Invoice Number	<input type="checkbox"/> Standalone Balance Inquiry	or	Password Protect
<input type="checkbox"/> Debit Cash Back	<input type="checkbox"/> Multi-Trans (PC/Register/Software only)	<input type="checkbox"/> Amex Prepaid Program Preference	Credits	<input type="checkbox"/>
<input type="checkbox"/> Delayed Ship Date: _____	<input type="checkbox"/> No Server/ Ticket ID	<input type="checkbox"/> (Choose One):	VOIDS	<input type="checkbox"/>
<input type="checkbox"/> Dial Prefix: <input type="checkbox"/> Dial 9 <input type="checkbox"/> Other: _____	<input type="checkbox"/> Remove Room # Prompt	<input type="checkbox"/> Partial Auth	Forces	<input type="checkbox"/>
<input type="checkbox"/> Dial Suffix: _____	<input type="checkbox"/> Remove Ticket # Prompt	<input type="checkbox"/> Balance Back	Reviews	<input type="checkbox"/>
<input type="checkbox"/> E-Commerce	<input type="checkbox"/> Retail Gas	<input type="checkbox"/> Other _____	Bal /Settle	<input type="checkbox"/>
<input type="checkbox"/> If IP _____ (List Current Provider)	<input type="checkbox"/> Retail With Tip	PINPad:	Auth Only	<input type="checkbox"/>
<input type="checkbox"/> E-Mail Address: _____	<input type="checkbox"/> Ship Method (Overnight)	<input type="checkbox"/> TDES Encryption	Reports	<input type="checkbox"/>
	<input type="checkbox"/> Tip % Option	<input type="checkbox"/> DUKPT	Tip Adjustment	<input type="checkbox"/>
	<input type="checkbox"/> Verify Amount Prompt	<input type="checkbox"/> Access Code # _____		<input type="checkbox"/>

Comments: _____

(NOTE: Completing the Comments field will result in a 48 hour terminal programming delay)

Mail / Telephone Order / Business to Business / Internet Information

(All Questions must be Answered)

1. What % of total sales represent business to business (vs business to consumer):
 Business to Business _____% + Business to Consumer _____% = 100% (total sales)

2. What % of bankcard sales represent business to business (vs business to consumer):
 Business to Business _____% + Business to Consumer _____% = 100% (bankcard sales)

3. What is the time frame from transaction to delivery? (% of orders delivered in):
 0-7 days _____% + 8-14 days _____% + 15-30 days _____% + over 30 days _____% = 100%

4. MC/ Visa /Discover sales are deposited (check one): Date of order Date of delivery Other (specify): _____

5. Who performs product / service fulfillment? Direct Vendor Other If vendor, add
 Name: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____

Please describe how the transaction works, from order taking to merchant fulfillment (attach additional sheet if necessary) :

6. Does any of your cardholder billing involve automatic renewals or recurring transactions (i.e., cardholder authorizes initial sale only)? Yes No

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