

PATRON CARDTROL REQUEST AGREEMENT

Please complete this form to receive cardtrol card(s). The card(s) allow you to access the fuel pumps 24 hours a day 7 days a week at all our stores locations. Stores are located at Conrad, Big Sandy, Brady, Power, Dutton, Fairfield, Great Falls, Fort Benton, Raynesford and Lincoln.

PLE	ASE PRINT: ACCOUNT NAME:	
	MAILING ADDRESS:	
ACCOUNT NUMBER:		NUMBER OF CARDS DESIRED:
	*****PLEASE INDICATE WHAT NA *****PLE	IE OR NAMES YOU WOULD LIKE ON ANY ADDITIONAL CARDS***** SE PRINT ALL ADDITIONAL NAMES******
		Relationship:
1. 2. 3. 4. 5. 6.	only. Emergency Pump Shut-off Switch island and the cardholder agrees to Cardholder agrees to limit the use of qualified in the use of such equipm Cardholder agrees not to leave the to accept the responsibility of contr. State Fire Code approved fuel cont. I agree to abide by Mountain View Applicant agrees to explain all poli and responsibilities for those with a	ispensing equipment unattended at any time while it is being operated and illing sources of ignition. Further, you agree to dispense fuel into only iners. Coop's credit policy. ies/procedures to additional cardholders and therefore, accepts all charges lditional cards.
	e read and understand all the above it ded in true and accurate.	ferenced guidelines and to the best of knowledge all information herein
Signe	d:	
ACC	OUNT HOLDERS SIGNATURE	DATE
Printe	ed Name:	