



PO Box 1 • Kalispell, MT 59903
(406) 755-4321 • Fax (406) 756-8591
Email: credit@cityservicevalcon.com

Dear Prospective Customer,

We are excited that you are considering us. We look forward to earning your trust and friendship for the lifetime of your business!

It is our desire to process your application as quickly as possible. To accomplish this, please use the checklist below to ensure that you have completed all the required documents. Once completed, the application package may be submitted directly to the contact information shown above.

CityServiceValcon Application Package

Application

- Business Information:** Enter the legal company name as registered with the state or as listed with the IRS under your federal tax id number. The Trade Name is available for any dba's the legal name operates as. Include a delivery address if different than mailing address.
- Principal Owners and/or Officers:** Include all individual names and title. Do not list other companies.
- Trade References:** These are always helpful and may be submitted on a separate page.
- Email Notifications Preferences:** List individuals to receive notifications. You may include multiple individuals to receive specific notifications.
- Aviation Products of Interest:** Indicate all products and services you are interested in purchasing and include the estimated monthly tank sizes or monthly gallons where applicable.
- Initial the bottom of page 1.
- Credit Terms & Agreement:** Provide Signature, Printed name, Title and Date.
- Irrevocable Personal Guarantee:** A signature is requested for privately and publicly held corporations, partnerships, and limited liability companies. Please make sure that the person signing the personal guarantee provides their information in the Principal Owners and/or Officers section, along with their Social Security Number.

Electronic Funds Transfer (EFT)

- Complete all sections, sign, print name & title and date. Include a copy of a check or bank account verification letter from your financial institution.

W-9

- Completed, Signed & Dated - A current form is required. This may be obtained from the IRS website or you may click on the following hyperlink: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

Re-Sellers Certificate (if applicable)

- Provide copy of your certificate or a completed state form.

*In some cases, financial reports, security, or other documentation may be required.

Please feel free to contact us with any questions, we would be happy to help. We appreciate your interest and look forward to serving you for many years to come!

Best regards,

CityServiceValcon
Credit Department



Aviation Application
 PO Box 1 • Kalispell, MT 59903
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Office Use Only
 Representative: _____
 Site Location: _____
 Account #: _____

BUSINESS INFORMATION

Legal Company Name		How Long In Business		Federal ID #
Trade Name (dba Business Name)		Business Phone Number		Fax Number
Billing Address	City	State	Zip	County
Delivery Address (If different from Billing)	City	State	Zip	County
Primary Contact First Name	Primary Contact Last Name	Primary Phone Number	Email Address	
Billing (AP) Contact First Name	Billing (AP) Contact Last Name	Billing (AP) Phone Number	Email Address	
Legal Structure (Check One) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Nonprofit				Industry Type

PRINCIPAL OWNERS AND/OR OFFICERS INFORMATION

First Name	Middle Initial	Last Name (include Suffix: Jr,Sr,3rd,etc)	Title	Social Security Number
Residence Address		City	State	Zip
Work Phone Number	Home Phone Number	Mobile Phone Number	Email Address	
First Name	Middle Initial	Last Name (include Suffix: Jr,Sr,3rd,etc)	Title	Social Security Number
Residence Address		City	State	Zip
Work Phone Number	Home Phone Number	Mobile Phone Number	Email Address	

TRADE REFERENCES

Trade Reference or Name of Bank	Contact Name	Account Number(s)		
Address	City	State	Zip	Phone Number
Trade Reference	Contact Name	Account Number(s)		
Address	City	State	Zip	Phone Number

EMAIL NOTIFICATION PREFERENCES

Name (First & Last)	Title/Dept	Email Address	Invoices	Statements	EFT Drafts
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AVIATION PRODUCTS OF INTEREST

<input type="checkbox"/> Avgas-100LL Tank Sizes: _____ Estimated monthly gallons _____
<input type="checkbox"/> Jet A Tank Sizes: _____ Estimated monthly gallons _____
<input type="checkbox"/> Parts & Equipment

Applicant Initial _____



Credit Terms and Credit Agreement

The undersigned authorized representative agrees to the following terms in all credit transactions on behalf of the above named applicant with CityServiceValcon unless otherwise agreed to in writing by authorized Company Officers:

Payment Terms. The undersigned understands that payment terms are as stated on invoices and payment terms are subject to modification by CityServiceValcon upon written notice to the undersigned. The undersigned agrees to pay upon receipt of invoice those amounts invoiced to applicant by CityServiceValcon. The undersigned agrees to pay a finance charge (late fee) at the rate of 1.5% per month (18% per annum), or the maximum amount allowable under Montana law, on all past due amounts not paid within terms. The undersigned understands there may be a return fee (NSF fee) imposed to my account on any returned payments, at CityServiceValcon's discretion. The return fee is intended to cover the deposit return fee assessed by financial institutions and related administrative expenses associated with the return of payment. Payments shall be due at our Kalispell, Montana office unless directed otherwise by an authorized CityServiceValcon representative. Payments shall first be applied to any accrued interest on the account, and then to principal. Any billing disputes must be made and submitted in writing to the Kalispell, Montana office within 30 days of the date of invoice. All invoices shall be deemed accurate and final after 30 days. Fee disclosures are listed on our Website at www.cityservicevalcon.com.

References and Credit Worthiness. The undersigned authorizes the references listed on this application to release information to CityServiceValcon relating to the applicant's accounts. The undersigned authorizes CityServiceValcon to secure information regarding the applicant's business credit report history from any commercial reporting agency or trade organization and authorizes the release of information regarding applicant's account with CityServiceValcon to such agencies. The undersigned authorizes CityServiceValcon to check the applicant's business credit history periodically as part of maintaining credit terms. The undersigned agrees to provide CityServiceValcon, upon its request, financial statements and/or an updated Credit Application. Failure to provide such item(s) following a request may result in the immediate revocation of credit.

Governing Law; Collection Expenses. The undersigned represents and warrants the above information to be true, correct and complete. The undersigned further represents and warrants that if this Credit Application is submitted by a corporation, partnership or limited liability company, that the individual executing this document on behalf of such entity has full authority to bind such entity. The undersigned agrees to pay all collection fees and costs incurred in connection with the collection of any amounts due. The undersigned also agrees to pay all attorney's fees and costs incurred with any legal action brought against the applicant for collection of any amounts due. The undersigned agrees that performance by the applicant is due in Kalispell, Montana and this agreement is governed by Montana law. The undersigned agrees to be subject to personal jurisdiction in Montana and venue for any legal action to collect any amounts due shall be Flathead County, Montana.

The undersigned agrees to abide by CityServiceValcon's credit policy if credit is granted. The undersigned consents to receive faxes, telephone calls, emails and/or text messages from or on behalf of CityServiceValcon. The undersigned has received and signed CityServiceValcon's Credit Terms and Credit Agreement. The undersigned understands that CityServiceValcon reserves the right, in its sole discretion, to eliminate or reduce the amount of credit extended by CityServiceValcon to the undersigned at any time in the future.

_____	_____	_____
Authorized Representative Signature	Please print name and title	Date
_____	_____	_____
Authorized Representative Signature (If applicable)	Please print name and title	Date

Continuing Irrevocable Personal Guarantee

Your signature below unconditionally and irrevocably guarantees the payment when due of all charges for the account of said applicant for services rendered and for goods sold and delivered on or after this date. The Credit Terms and Credit Agreement above is hereby incorporated and made a part of this Guaranty. This Guaranty is given in consideration for CityServiceValcon's agreement to extend credit to the above named entity.

References and Credit Worthiness. I authorize the references listed on this application release information to CityServiceValcon related to applicant's accounts. I authorize CityServiceValcon to secure information regarding guarantors' credit history from any consumer reporting agency and authorize the release of information regarding guarantors' account with CityServiceValcon to such agencies. I authorize CityServiceValcon to check my credit periodically as part of maintaining my credit terms. I agree to provide CityServiceValcon, upon its request, financial statements and/or an updated Credit Application. Failure to provide such item(s) following a request may result in the immediate revocation of credit.

Governing Law; Collection Expenses. I represent and warrant the above information to be true, correct and complete. I agree to pay all collection fees and costs incurred in connection with the collection of any amounts due to enforce this guarantee. I agree to pay attorney's fees and costs in any legal action to enforce this guarantee. I agree performance of this guarantee by me is due in Kalispell, Montana and this agreement is governed by Montana law. I agree to be subject to personal jurisdiction in Montana and venue for any legal action shall be in Kalispell, Montana.

Guarantor's obligations under this guaranty are independent of those of applicant, and Guarantor hereby waives notice on default or nonpayment, presentment, demand and understands and agrees that CityServiceValcon is not required to first seek payment from the debtor or its assets before enforcing this Guaranty.

_____	_____	_____
Guarantor Signature	Please print name	Date
_____	_____	_____
Guarantor Signature (If applicable)	Please print name	Date



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ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT

I authorize CityServiceValcon and Glacier Bank (Po Box 27, Kalispell, MT 59903) to initiate debit or credit entries to my checking or savings account. This authority will remain in effect until I notify CityServiceValcon in writing to cancel it, in such time as to afford the bank a reasonable opportunity to act on it. This Agreement may be submitted directly to the mailing address, email or fax number as shown above.

REASON FOR SUBMISSION	Check the type of Enrollment. Then enter the Effective Date and Account Number (If applicable)		
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<input type="checkbox"/> New EFT Enrollment <input type="checkbox"/> Change to Current EFT Enrollment	Effective Date		Customer Account Number
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PRIMARY CONTACT INFORMATION	Complete all sections
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Contact Name	Phone Number		
Company Name or Individual Name (As listed on account or application)			
Address	City	State	ZIP Code

EMAIL NOTIFICATION PREFERENCES	Must be completed to receive notifications
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Name (First & Last)	Title/Dept	Email Address

EFT BANK ACCOUNT INFORMATION	Complete all sections
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Bank Account ▶ Select one type of account and attach verification

- Checking ▶ *Voided check: Full name, preprinted or Bank Account Verification Letter (NO deposit slips or Counter Checks)*
- Savings ▶ *Deposit Slip, preprinted or Bank Account Verification Letter.*

Name (As it appears on your check, deposit slip or bank account)	
Bank Name	Bank Routing / ABA Number (9-Digits)
Checking or Savings Account Number	

SIGNATURE AND DATE	You must be the owner or authorized individual of the account at your financial institution
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I understand that the Automated Clearing House electronic funds transfer entry will only be accepted by my Financial Institution if sufficient funds are available in my account and I hereby agree to insure sufficient funds are on deposit prior to each EFT debit.

I understand that if I refuse or otherwise fail to make payment for a debit entry, this agreement and all other agreements between me and CityServiceValcon may be terminated by CityServiceValcon. In addition, I understand that there may be a return fee (NSF fee) imposed to my account on any returned payments, at CityServiceValcon's discretion. The return fee is intended to cover the deposit return fee assessed by financial institutions and related administrative expenses associated with the return of payment.

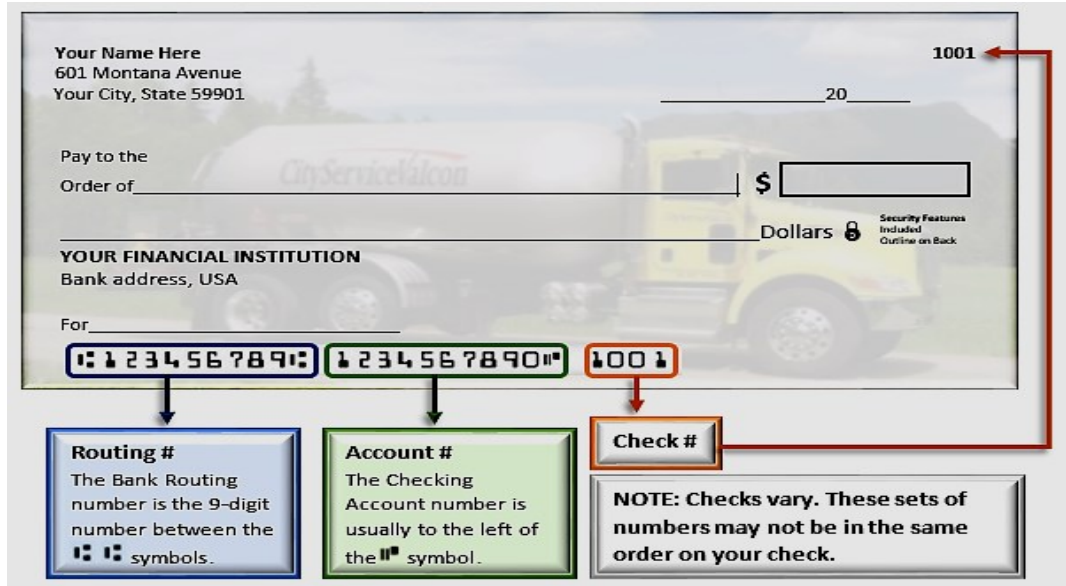
OWNER/AUTHORIZED INDIVIDUAL SIGNATURE	PRINT OWNER/AUTHORIZED INDIVIDUAL NAME
TITLE	DATE SIGNED

VERIFICATION ATTACHMENT

- Option 1 ▶ Attach copy of check for a Checking Account or deposit slip for Savings Account (*No Counter Checks*)
- Option 2 ▶ If you are submitting a Bank Account Verification Letter, it **must** be on Bank Letterhead and **must** identify the name as it appears on your account, the routing number and bank account number.

Attach here:

Name must be pre-printed and unaltered ▶



The diagram shows a check form with the following fields and callouts:

- Your Name Here:** 601 Montana Avenue, Your City, State 59901. A callout points to the zip code '1001' in the top right corner.
- Pay to the Order of:** A blank line for the payee name.
- Amount:** A box for the dollar amount, followed by 'Dollars' and a lock icon. A callout points to the '1001' in the top right corner.
- YOUR FINANCIAL INSTITUTION:** Bank address, USA.
- For:** A blank line for the purpose of the check.
- Routing #:** A box containing the numbers '1 2 3 4 5 6 7 8 9' with a callout pointing to a box labeled 'Routing #'. Below this box, text explains: 'The Bank Routing number is the 9-digit number between the [MICR symbols] symbols.'
- Account #:** A box containing the numbers '1 2 3 4 5 6 7 8 9 0' with a callout pointing to a box labeled 'Account #'. Below this box, text explains: 'The Checking Account number is usually to the left of the [MICR symbol] symbol.'
- Check #:** A box containing the numbers '1 0 0 1' with a callout pointing to a box labeled 'Check #'. Below this box, text explains: 'NOTE: Checks vary. These sets of numbers may not be in the same order on your check.'