



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

- Municipality Information:** Complete this section and include a delivery address if different than mailing address.
- Payment & Notification Preferences:** Indicate your preferred payment method and how you would like to receive invoices and statements. If emailed, you may include multiple individuals to receive specific notifications. (Email notifications are required for Aviation & Ground Fuel Transport loads.)
- 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.
- Credit Terms & Agreement:** Provide Authorized Signature, Printed name, Title and Date.

Acceptance Notification

- Copy of board meeting minutes or official communication granting authorization to enter into a business relationship with CityServiceValcon.

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.

****Below is a list of additional documents based on selected products or services you are interested in****

Propane

- Propane Safety Information:** List Municipality's name and initial.

Fuel Cards

- Fuel Card Access Agreement:** List Municipality's name and initial.
- Electronic Funds Transfer (EFT):** Complete all sections, sign and date. Include a copy of a check or bank account verification letter from your financial institution.

Aviation Transport (All) & Ground Fuel Transport (over 4,000-gallons/load)

- Electronic Funds Transfer (EFT):** Complete all sections, sign and date. Include a copy of a check or bank account verification letter from your financial institution.

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



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

Office Use Only
 Representative: _____
 Site Location: _____
 Account #: _____

MUNICIPALITY INFORMATION

| | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Name of Municipality | | | | Federal ID # |
| 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 | |
| Type of Municipal Entity <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> School Dist <input type="checkbox"/> Other: _____ | | | Type of Authority <input type="checkbox"/> Commissioners <input type="checkbox"/> Mgmt. Board <input type="checkbox"/> Other: _____ | |

PAYMENT & NOTIFICATION PREFERENCES

| | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------|--------------------------|--------------------------|--------------------------|
| Preferred payment method? <input type="checkbox"/> Cash, Check or M.O. <input type="checkbox"/> Credit Card <input type="checkbox"/> EFT/ACH | Preferred notification method? <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed | | | | |
| 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"/> |

PRODUCTS OF INTEREST

| | | | |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> Lubricants | <input type="checkbox"/> Fuel Cards Estimated monthly gallons _____ | <input type="checkbox"/> Propane <input type="checkbox"/> Own Tank Tank Sizes: _____ <input type="checkbox"/> Rent Tank Tank Sizes: _____ | <input type="checkbox"/> Heating Oil Tank Sizes: _____ |
| <input type="checkbox"/> Ground Fuels | <input type="checkbox"/> Gasoline Tank Sizes: _____ Estimated monthly gallons _____ | <input type="checkbox"/> Diesel Tank Sizes: _____ Estimated monthly gallons _____ | <input type="checkbox"/> Other Tank Sizes: _____ Estimated monthly gallons _____ |
| <input type="checkbox"/> Aviation Fuels | <input type="checkbox"/> Avgas-100LL Tank Sizes: _____ Estimated monthly gallons _____ | <input type="checkbox"/> Jet A Tank Sizes: _____ Estimated monthly gallons _____ | |
| <input type="checkbox"/> Aviation Parts & Equipment | | | |

Credit Terms and Credit Agreement

Payment Terms. The undersigned understands that the 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. A finance charge at the rate of 1.5% per month (18% per annum), or the maximum amount allowable under Montana law, whichever is lesser, on all past due amounts will be assessed. The undersigned understands 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. Payments shall be due at the 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

Authorized Statement of Fact. The undersigned represents and warrants the above information to be true, correct and complete and further represents and warrants that they are executing this document on behalf of such municipal entity and has full authority to bind such entity to these credit terms.

Verification of Relationship. The undersigned agrees to provide CityServiceValcon a copy of the meeting minutes granting authorization or official communication to enter into a business relationship with CityServiceValcon. Failure to provide such authorization may result in the immediate revocation of credit.

Governing Law. It is agreed that all attorney's fees and other collection costs incurred in connection with the collection of any amounts due shall be paid by the municipal entity bound by this application. The municipal entity agrees that performance is due in Kalispell, Montana, that this agreement is governed by Montana law. The municipal entity agrees to be subject to personal jurisdiction in Montana and that venue for any legal action to collect any amounts due shall be Flathead County, Montana, unless otherwise specified in any contract.

The municipal entity agrees to and shall adhere to CityServiceValcon's credit policy. The municipal entity consents to receive faxes, telephone calls, emails and/or text messages from or on behalf of CityServiceValcon. The municipal entity has received and signed CityServiceValcon's Credit Terms and Credit Agreement. 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 Signature Please print name and title Date

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



Propane Safety Information

Propane is flammable and may cause fires and explosions. Propane is heavier than air and can collect initially at low levels. Always be sensitive to the slightest propane gas odor. Any sort of a propane gas odor may signal a serious leak. Investigate all foul odors. What you think may be garbage, sewage or a dead mouse may be a serious propane gas leak. Should you have questions as to whether the odor you've identified is actually propane, please refer to the scratch and sniff literature provided to you.

Under some of the following conditions, you may not smell a gas leak, so we recommend you install a propane gas detector(s) in accordance with manufacturer's instructions. Some people (especially the elderly) are unable to detect the smell of gas. Colds, allergies, sinus congestion, and the use of tobacco, alcohol, or drugs, may diminish your sense of smell. Cooking odors or other strong odors can cover up the smell of gas. On rare occasions, propane gas may lose its distinctive odor. This is called "odor fade". Air, water, and rust in a propane tank or cylinder may weaken the gas odor, especially if the valves were left open after the container has been emptied. Sometimes propane gas can lose its odor if a leak occurs underground. Odorant in leaking gas can absorb (stick) to building materials such as unpainted or untreated masonry and rough wall surfaces, to furniture fabrics and drapes, and to the inside walls of gas piping and static or periodically used propane containers and distribution systems.

If you smell propane gas in your house, camper, RV, workplace, or around any gas equipment:

Put out smoking materials and other open flames.

DO NOT operate electric switches, light matches, or use your phone. Any spark or flame in the area where propane gas is present may ignite the gas. This could include the spark in a light switch, telephone, appliance motor, and even static electricity from walking around the room.

Immediately get everyone out of the building, vehicle, RV trailer, or area.

Close all gas tank or cylinder supply valves.

Do not re-enter the building, vehicle, RV trailer, or area. Use your neighbor's phone and call a trained LP-Gas service person and the fire department. Even though you may not continue to smell gas, do not turn on the gas again.

Let the service person and firefighters check for propane gas leaks. Have them air out the area before you return.

Have properly trained LP-Gas service people repair the leak, then check and relight all of your propane gas appliances for you.

Important Safety Reminders

Don't enter an area where you suspect a gas leak. If you are in such an area, leave immediately!

Be alert for propane odor when working in areas where propane is used. Even a faint odor may indicate a hazardous situation.

Do not try to judge for yourself the level of danger of a gas leak by trying to determine if one smell of gas is weak or strong. All gas leaks pose a serious risk.

Repeated pilot outages could indicate a hazardous condition. Don't attempt to relight the pilot, or service your equipment.

If you choose to light your own pilots, call CityServiceValcon for instructions.

Before lighting a propane gas appliance, sniff around the area at floor level. If you smell gas, don't light the appliance.

Shut off the gas immediately at the tank, if your appliance has been flooded. Do not use your gas system again until the wet or flooded equipment has been checked and serviced.

Improperly vented or defective appliances can cause potentially fatal carbon monoxide poisoning. Have your propane system and appliances periodically inspected.

Don't tamper with or use tools to operate controls. If controls are difficult to operate by hand, call CityServiceValcon immediately.

Keep combustible products, like gasoline, kerosene or cleaners in a separate room from propane appliances. Your appliance pilot lights could ignite fumes from these combustibles.

Don't operate any propane gas appliance without reading the instructions carefully.

Some people wrongly believe that the smell of propane gas is a signal that their tank is nearly empty and should be refilled. When a tank is low, you may get a momentary whiff of gassy smell when stove top burners are ignited. However, if the smell of gas lasts more than an instant, then the continuing gas odor means that you may have a serious propane gas leak. Any persistent gassy smell is your signal to take immediate emergency action.

Authorized Initial _____



Fuel Card Access Agreement

CityServiceValcon, LLC, shall provide the automated fueling services desired by the Customer, who has applied for, accepted, and/or which name appears on the issued Fuel Access Card or account (hereinafter "Pac Pride" or "CFN"). Subject to payment and fuel access terms set forth below, Customer agrees to pay CityServiceValcon for fueling transactions completed, authorized, or permitted by Customer through the use of the Fuel Access Cards issued to Customer in the amount invoiced by CityServiceValcon.

Payment Terms. Customer agrees to pay for all fueling transactions completed by Customer or any person using Customer's Fuel Access Cards and for all other monetary obligations to CityServiceValcon set forth in this Fuel Access Card Agreement. Customer agrees to pay CityServiceValcon upon receipt of invoice those amounts invoiced to Customer by CityServiceValcon through either electronic funds transfer (EFT) or credit card (CC). All fuel cards paid by credit card will be assessed a surcharge. If an EFT be returned for any reason, a return fee (NSF fee) may be imposed and CityServiceValcon may, in its sole discretion, terminate Customer's Fuel Access Cards. A finance charge (late fee) of 1.5% per invoice period (18% annum), or maximum amount allowable under Montana law, shall be applied to amounts not paid in full prior to the end of the month.

Fuel Access Terms. Customer is responsible for all charges incurred, unless such charges occur after the card(s) have been invalidated. Customer agrees that the fueling transactions completed by Customer or any person using Customer's Fuel Access Cards are subject to the following additional fuel access conditions:

Security Numbers. Customer agrees that the security numbers assigned to each Fuel Access Card must be kept confidential by Customer, and that Customer's failure to do so will result in all unauthorized fuel purchases completed through the use of a lost or stolen Fuel Access Card, prior to Customer providing notification to CityServiceValcon to be charged to Customer as a normal purchase. Customer shall notify CityServiceValcon promptly by telephone, and immediately in writing, of any loss or theft of Customer's Fuel Access Cards.

Indemnity Agreement/Customer. Customer shall not be responsible for a malfunction of CityServiceValcon's fueling equipment. Customer shall indemnify and hold CityServiceValcon harmless from and against any and all claims, actions, fees, suits, judgments, penalties, remediation expenses, or other charges of any kind (hereinafter referred to collectively as "loss") or threatened loss which CityServiceValcon may sustain or incur arising out of Customer's (or anyone using Customer's Fuel Access Cards) negligent use of the issued Fuel Access Cards and/or CityServiceValcon's fueling equipment including, without limitation, any loss or threatened loss related to death, bodily injury, property damage or destruction, damage to the environment, including but not limited to the accidental release of petroleum products on, in or about a fueling site, or Customer's (or those using Customer's Fuel Access Cards) violations of any hazardous materials laws.

Defaults by Customer/Rights of CityServiceValcon In the event of Customer's default in making payments in full when due, Customer's death, bankruptcy, insolvency, or any other breach of this Fuel Access Card Agreement, all or any portion of Customer's obligation to CityServiceValcon shall upon CityServiceValcon's election and without notice, become immediately due and payable. In addition, CityServiceValcon may, in its sole discretion and at any time, without notice, cause or liability to Customer, or in any way affecting Customer's obligation to CityServiceValcon reduce or cancel fuel access availability to Customer, revoke any Customer discount, refuse to make any further fuel sales, and revoke the issued Fuel Access Cards. Customer agrees to surrender the Fuel Access Cards upon exercise of CityServiceValcon's rights hereunder. CityServiceValcon may, from time to time and in its sole discretion, waive or decline to enforce any of its rights under the Agreement (e.g. forgiving delinquencies, accepting partial payments, making sales in excess of Customer's credit limit, etc.) without affecting any of CityServiceValcon's rights hereunder.

Notification of Change of Address. Customer shall promptly notify CityServiceValcon of any changes in business name or address.

Governing Law; Collection Expenses. I agree to pay all collection fees and costs incurred in connection with the collection of any amounts due. I agree to pay attorney's fees and costs in any legal action to enforce this agreement. I agree performance of this agreement 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.

Signing this Credit Application and/or using issued Fuel Access Cards constitutes Customer's full acceptance of the terms and conditions, including payment terms, set forth in this Fuel Access Card Agreement

Authorized Initial _____



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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) | | |
|------------------------------|------------------------------------------------------------------------------------------------|--|--|

| | | | |
|-----------------------------------------------------------|----------------|--|-------------------------|
| <input type="checkbox"/> New EFT Enrollment | Effective Date | | Customer Account Number |
| <input type="checkbox"/> Change to Current EFT Enrollment | | | |

| | |
|------------------------------------|-----------------------|
| PRIMARY CONTACT INFORMATION | Complete all sections |
|------------------------------------|-----------------------|

| | | | |
|-----------------------------------------------------------------------|--------------|-------|----------|
| 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 |
|---------------------------------------|--------------------------------------------|

| | | |
|---------------------|------------|---------------|
| Name (First & Last) | Title/Dept | Email Address |
| | | |
| | | |

| | |
|-------------------------------------|-----------------------|
| EFT BANK ACCOUNT INFORMATION | Complete all sections |
|-------------------------------------|-----------------------|

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 |
|---------------------------|---------------------------------------------------------------------------------------------|

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 red arrow points to the year field (20__).
- Pay to the Order of:** A blank line with a dollar sign and a box for the amount.
- YOUR FINANCIAL INSTITUTION:** Bank address, USA.
- For:** A blank line.
- Routing #:** A box containing the MICR line symbols and the number 234567890.
- Account #:** A box containing the MICR line symbols and the number 2345678901.
- Check #:** A box containing the MICR line symbols and the number 100.
- Security Features:** A small icon and text indicating security features are included.

Below the check, three boxes provide instructions:

- Routing #:** The Bank Routing number is the 9-digit number between the ⑆ symbols.
- Account #:** The Checking Account number is usually to the left of the ⑆ symbol.
- Check #:** NOTE: Checks vary. These sets of numbers may not be in the same order on your check.