



"Kern Counties Oldest Petroleum Jobber!"

Petroleum Distributors and Cardlock Fuels



**CREDIT APPLICATION**

APPROVED   
DECLINED   
BY: \_\_\_\_\_  
SALES #: \_\_\_\_\_

DATE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX \_\_\_\_\_

NUMBER OF YEARS IN BUSINESS \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT NAME: \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

FEDERAL TAX ID: \_\_\_\_\_

INDICATE TYPE OF BUSINESS  INDIVIDUAL  PARTNERSHIP  SOLE OWNER  NON PROFIT  CORPORATION

CORPORATION, STATE OF \_\_\_\_\_ ARTICLE OF INCORPORATION NUMBER \_\_\_\_\_

PAST OR PRESENT PETROLEUM SUPPLIER \_\_\_\_\_ PHONE \_\_\_\_\_

PURCHASE ORDER REQUIRED:  YES  NO

AUTHORIZED TO CHARGE ON ACCOUNT: \_\_\_\_\_

**BANK REFERENCE**

BANK NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

BANK OFFICER NAME \_\_\_\_\_

**TRADE REFERENCE**

PLEASE LIST THREE BUSINESS REFERENCES, PROVIDE ACTUAL ADDRESSES (NOT A PO BOX) AND FAX NUMBERS

NAME: \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX \_\_\_\_\_

Signature: \_\_\_\_\_

**This will give authorization to release any information necessary toward processing of an account application with Jeffries Bros Inc. All information will be kept in confidence**

(661) 387-0592 \* Fax (661) 387-0596  
177 Aviation Street, Shafter CA 93263

**IF YOU ARE APPLYING FOR A CFN ACCOUNT, PLEASE CHECK THIS BOX**

In order to induce Jeffries Bros., Inc (JBI) to grant financial accommodations or extend credit to \_\_\_\_\_ hereinafter called the customer, the undersigned hereby personally guarantees to JBI the payment when due of every claim (including but not limited to service charges, reasonable attorney fees and costs) of JBI which hereafter arise in favor of JBI against the customer. This is a continuing guarantee and shall remain in full force until revoked by the undersigned by notice in writing to JBI but such revocation shall be effective only as to claims of JBI which arise out of transactions entered into after its receipt of notice. This obligation shall cover the renewal of any claims or extension of time.

The undersigned agrees to pay all charges within ten (10) days of the date of billing. In the event the charges are not paid, then the undersigned agrees to pay JBI a service charge of 1.5% per month on the unpaid balance. JBI may as its option refuse to permit charges to be incurred on the account

The undersigned agrees that if the undersigned's account is referred to collection to an attorney, the undersigned will pay reasonable attorney's fees and cost of collection. It is understood that all billing accounts receivable and credit processing through headquarters in Kern County, CA is the venue for its litigating. We further agree litigation is filed, that the Superior Court of Kern County, CA retains both jurisdictions over us and all our assets.

**Signature of Guarantor** \_\_\_\_\_

**The Information below must be provided for all accounts except Corporations**

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_

I certify that I am the person named above. As a principal of \_\_\_\_\_  
I authorize and request JBI to consider my personal credit in conjunction with this application for my company's account.

SIGNATURE \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_

I certify that I am the person named above. As a principal of \_\_\_\_\_  
I authorize and request JBI to consider my personal credit in conjunction with this application for my company's account.

SIGNATURE \_\_\_\_\_

**PERSONAL REFERENCES:**

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_

**RELATIVE NOT LIVING WITH YOU**

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_

**(661) 387-0592 \* Fax (661) 387-0596  
177 Aviation Street, Shafter CA 93263**

JEFFRIES BROS., INC.  
CARDLOCK USE AGREEMENT

This agreement made \_\_\_ day of \_\_\_\_\_ between Jeffries Bros., Inc. hereinafter called JBI and \_\_\_\_\_ hereinafter called **CUSTOMER**.

**RULES/REGULATIONS:** Customer agrees to follow procedure while fueling for reasons of safety.

- a. Smoking is prohibited within 50 feet of dispensers.
- b. Dispensing fuel into any container not approved by the Fire Marshall is prohibited
- c. Fueling vehicles with pilot lights operating is prohibited.
- d. Engines must be turned off before fueling.

Customer agrees to defend, indemnify and hold JBI free and harmless from any and all claims, actions, losses injuries, liabilities and costs (including attorney's fees) resulting from negligence or misuse of JBI's property and equipment by CUSTOMER or CUSTOMER'S employees.

**TRANSACTION CHARGES:** Customer hereby accepts the obligation and responsibility for payment for all charges registered to cardlock access cards issued to CUSTOMER. Customer is liable for any and all transactions made on a lost or stolen card for up to 24 hours after JBI has been notified that the cards is lost or stolen. Notification may be made verbally but must be confirmed in writing and received by JBI at PO Box 640, Wasco, CA 93380 OR FAXED TO 661-758-3077.

**WARNING: DO NOT WRITE PIN NUMBER ON CFN CARDS.**

Personal identification code number (P.I.N.) should not be kept with the fueling card at any time.

**FUEL PRICES:** Customer understands that JBI fuel prices are not displayed on any pump at the time of fueling but are available by calling the JBI office.

**ACTIVATING WRONG PUMP:** Should CUSTOMER, CUSTOMER employee and/or agents activate the wrong fueling pump, CUSTOMER agrees to clear the pump before proceeding. CUSTOMER agrees to be responsible for any fuel dispensed as the result of not clearing the pump that was activated in error.

**CARD FRAUD:** JBI may inform CUSTOMER of CFN network alerts or generate alerts from internal analysis that identify suspicious transactions which will require the CUSTOMER's immediate attention. At the time JBI has made CUSTOMER aware of potential fraud, CUSTOMER has 2 business days to invalidate the compromised card(s). In conjunction with these alerts JBI will reach out to CUSTOMER for transaction verification. If CUSTOMER is not immediately available, JBI will inactivate card(s) until we can authenticate. JBI will provide to CUSTOMER the transaction detail to determine whether suspicious transaction(s) are fraudulent or valid. If CUSTOMER fails to take action to identify fraudulent activity given the alerts and transaction detail provided, the CUSTOMER may be held liable for the transactions. For fraud transactions identified by the customer, independent of alerts relayed from JBI, the CUSTOMER has 45 days to submit transactions they identify as fraudulent. Please note, fraudulent transactions arising from employee theft will not be covered under the fraud claim procedure.

**LOCKED OUT ACCOUNTS:** If Customer account is locked out for delinquency, all monies plus a Reactivation Fee \$10.00 must be paid before the account will be activated. JBI reserves the right to reactivate past due accounts. If Customer's account must be referred to collection, Customer agrees to pay collection cost and attorney's fees incurred by JBI.

**AGREEMENT TERMS:** Terms of this agreement are subject to change upon written notice by JBI to Customer. If Customer uses any cards after receipt of such notice, then Customer's consent to the changed terms shall be implied.

CUSTOMER: \_\_\_\_\_ DATE: \_\_\_\_\_  
Company Name

BY: \_\_\_\_\_ BY: \_\_\_\_\_  
Print Name and Title Authorized Signature

AS A REMINDER

All CARDLOCK Customers,

One thing we like to remind our CARDLOCK customers of is card security.

We require that you memorize your PIN NUMBER, and that you DO NOT write your pin number on the card jacket or on paper with your card.

Also, if the card is lost or stolen, call us immediately so that the card can be locked out of the CFN Network. There is no charge to have a card locked out.

If these procedures are not followed, the customer will be liable for ANY AND ALL transactions that occur on that CARDLOCK card.

Please sign if you are in agreement to the above and return with your credit application.

Thank you for your cooperation

Don Jeffries  
Jeffries Bros.

Signed \_\_\_\_\_ Acct# \_\_\_\_\_

Received By \_\_\_\_\_ Date \_\_\_\_\_

**ACCOUNT REQUIREMENT FORM  
CFN ACCOUNT AUTHORIZATION**

**ACCOUNT#** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**ACCOUNT NAME** \_\_\_\_\_

The following person(s) are authorized to request information regarding the above account and place orders for new CFN Cards, request changes and order re-issued cards.

<b>NAME</b> _____	<b>TITLE</b> _____	<b>PHONE#</b> _____
<b>NAME</b> _____	<b>TITLE</b> _____	<b>PHONE#</b> _____
<b>NAME</b> _____	<b>TITLE</b> _____	<b>PHONE#</b> _____

**CFN CARDS MAY BE CUSTOMIZED.**

**PLEASE CHECK OPTIONS REQUESTED:**

- Assign a vehicle# or name to each card**
- Select a gallon limit per card/per day** (Feature is an approximate restriction)
- Restrict days, time & daily transaction limit**
- Authorized use in other States**
- View CFN account on line.**

Please provide a minimum of 6 characters (combination of letters & numbers):  
Customer may change password once access has been provided.

**PASSWORD:** \_ \_ \_ \_ \_

I authorize the above person(s) to request information, modify, and request cards.

**Signature** \_\_\_\_\_

CARD REQUIREMENT FORM  
CFN CARD REQUEST

ACCOUNT# \_\_\_\_\_

DATE: \_\_\_\_\_

ACCOUNT NAME \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ PHONE \_\_\_\_\_

PLEASE CHECK BOXES BELOW AND SPECIFY OPTIONS YOU WOULD LIKE APPLIED TO THIS ACCOUNT.

**PLEASE CHECK FUEL & SPECIFY NUMBER OF CARDS DESIRED**

Please provide additional sheet if needed.

PRODUCT:

NUMBER OF CARDS:

ALL PRODUCTS

(Reg, Mid. Prem, Clr Dsl, /On Road)

\_\_\_\_\_

CLEAR DIESEL ONLY

\_\_\_\_\_

GAS ONLY

\_\_\_\_\_

RED DIESEL (Off Road) ONLY

\_\_\_\_\_ **FUEL EXEMPTION REQUIRED**

PROPANE ONLY

\_\_\_\_\_ **FUEL EXEMPTION REQUIRED**

**ASSIGN A VEHICLE# OR NAME TO EACH CARD.**

**NO -Not needed**

**YES -Complete below**

Please provide additional sheet if needed.

PRODUCT CARD:

NAME/VEH#

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

**SELECT A GALLON LIMIT PER CARD/PER DAY.**

This feature is an approximate restriction. There is a 300-gallon limit per card/per day. To select a different limit per card/per day please complete below:

- NO - 300-gallons per day is fine**
- YES -Complete below**

Please provide additional sheet if needed.

GALLON LIMIT PER DAY FOR ALL CARDS ON MY ACCOUNT \_\_\_\_\_ GALLONS.

INDIVIDUAL CARD RESTRICTION:

	VEH#/NAME	GALLON LIMIT
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

**YOU MAY ALSO RESTRICT DAY, TIME, & DAILY TRANSACTION LIMIT PER ACCOUNT.**

- NO -Not needed**
- YES -Complete section below**

DAYS	TIME	# OF TRANSACTIONS PER DAY
Sunday	_____	_____
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____

- I WOULD LIKE TO USE MY CARD(S) IN ALL 50 STATES AND CANADA.**
- I WOULD LIKE TO RESTRICT MY ACCOUNT USAGE TO THE FOLLOWING STATES.**

**STATES:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I authorize and request the above checked options to be applied to this account.

SIGNATURE: \_\_\_\_\_