



Cardlock Division
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**Oregon Commercial fuel Dispensing Agreement
And Initial Fire Safety Training**

In accordance with Oregon law, dispensing gasoline from any Oregon cardlock for non-business use is prohibited. Wilcox & Flegel Oil Co is required to enter into a written agreement with each qualifying account prior to authorization. Please read this agreement carefully and fill in all spaces.

I certify that this agreement is being made on behalf of a business, government enterprise, farm or non-profit/charitable organization and all gasoline will be used by such (enter FEIN below or attach proof)

I certify that all card users are employees of the organization for which this agreement is being submitted and that all gasoline purchased at an Oregon cardlock location will be dispensed into the fuel tank of a motor vehicle or other container owned or used by this organization.

I certify that each card user has met the safety training requirements for the current fiscal year as outlined by the Oregon State Fire Marshal including but not limited to:

- * The chemical properties and hazards of all forms of flammable liquids to be dispensed; and
- * The location and operation of emergency cut-off switches;and
- * The no smoking set-back requirements; and
- * Use of an on-site fire extinguisher;and
- * Procedures for contacting the local fire department and other emergency service organizations.

I certify that my organization purchases at least 900 gallons of gasoline and/or diesel fuel from any source (detailed documentation will be required if purchases from Wilcox & Flegel are not at least 900 gallons) during any 12-month period OR that my organization is exempt because (check one):

- * All Gasoline purchased through Wilcox & Flegel qualifies as a deductible farming expense on my federal income tax return (attach most recent Schedule F).
- * All cardlock gasoline purchased through Wilcox & Flegel is for use by a governmental agency providing fire, ambulance, or police services.
- * I was a cardlock customer on and since June 30, 1991.

I certify that the stipulations of this agreement and all information provided within are correct and applicable to my organization. I understand that written verification of any information may be requested and that failure to provide any requested information will result in immediate invalidation of all cardlock cards.

Account Name:	
Account Number:	Date:
Signature:	Title:
Federal Identification Number:	

For the purpose of this agreement, a Social Security Number is not a valid substitute for a Federal Identification Number. If you do not have a Federal Identification Number this agreement must be accompanied by a copy of your current business license or equivalent proof of business. If your proof of business is anything other than a Federal Identification Number, an updated copy must be submitted upon expiration. If your proof of business is an income tax return, an updated copy must be submitted annually.