

SHORT LINE EXPRESS MARKET

7330 Eastgate Road, Suite 120

Henderson, NV 89011

(702)396-6703 Fax (702)396-6705

Fleet Service Application

Please complete and fax to Peggy's Attention

Name of Business _____

Business Address _____

Business Phone _____

Business Contact _____

Business Owner _____

Type of Business _____

Years in Business _____

Estimated Monthly Gas Purchases _____

Which Location's will be used _____

Business reference _____

Address _____

Phone# _____

Year acct opened _____

Business reference _____

Address _____

Phone# _____

Year acct opened _____

Business reference _____

Address _____

Phone# _____

Year acct opened _____

Banking reference _____

Acct # _____

Phone# _____

Address _____

I authorize the release of business information to Short Line Express for the purpose of establishing a credit account.

Authorized Signature _____ Title _____
Date _____

Fleet Service Application

(continued)

Authorized Drivers

Print Name _____ Signature _____

Print Name _____ Signature _____

Print Name _____ Signature _____

Print Name _____ Signature _____

Print Name _____ Signature _____

Short Line Express Market Fleet Service Terms and Conditions

We do not guarantee credit to all applicants. A credit check will be done and a determination will be made according to the information received from your references.

All fleet accounts will be billed bi-monthly. The total balance is due and payable in full ten days from the date of statement. If the balance is not paid in full a finance charge will be added to your next statement for the unpaid balance. The finance charge will be 24% annually.

If you have a charge you would like to dispute, contact our corporate office with the disputed invoice number and information concerning the reason for dispute.

Copies of invoices will only be provided if requested.

It will be your responsibility to notify Short Line Express if a person is to be removed from the authorized user list. If you have a stolen or lost fleet card, any charges made on the stolen or lost fleet card will be your responsibility through the date we are notified.

This account can be terminated by either party at any time. At time of termination the balance is due and payable in full within ten days of termination.

Please read, sign and return with your application.

Thank you for considering Short Line Express for your company's gas needs.

Authorized
Signature _____ Title _____ Date _____

INDIVIDUAL PERSONAL GUARANTEE

I, _____, SS# _____, residing at

for and in consideration of your extending credit at my request to

_____ (hereinafter referred to as the

“company”) of which I am _____ (title),

hereby personally guarantee to you the payment at Short Line Express

Market in the state of Nevada of any obligation of the Company or its

successor and I hereby agree to bind myself to pay you on demand any

sum, which may become due to you by the Company whenever the

company shall fail to pay the same. It is understood that this guarantee

shall be a continuing and irrevocable guaranty and indemnify for such

indebtedness of the Company. I do hereby waive notice of default, non-

payment and notice thereof and consent to any modification or renewal of

the credit agreement hereby guaranteed.

Signature _____ **Date** _____