



COMMERCIAL  
FUELING  
NETWORK

### CFN INTERNET ACCOUNT MANAGEMENT REQUEST FORM

Company Name: \_\_\_\_\_

CFN Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please print the name of personnel authorized to access Commercial Fueling Network's Internet Account Management Update capabilities.

	<b>Authorized Personnel</b>	<b>E-mail Address</b>	<b>Password</b> (at least 6 Characters)
1.			
2.			
3.			
4.			
5.			
6.			

By signing below I release CFN and Ramos Oil Company, Inc. from any liability for any disputes or charges from transactions related to the validation or invalidation of cards, accounts or profiles via the Internet. We agree to restrict the password to authorized personnel only. We also agree that any changes or deletions to the list of authorized personnel will be provided to Ramos Oil Co., Inc. in writing.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Owner's Name: \_\_\_\_\_

*Please FAX this form back to CFN Dept. at (916) 669-3057 for activation of request.*

(Rev. 1 June 2007)