



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.

	Authorized Personnel	E-mail Address	Password (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) 371-0635 for activation of request.

(Rev. 2 February 19, 2010)