



CARDLOCK CONTACT & INVOICING INFORMATION



Date: _____ Account#: _____ Company Name: _____
Main Phone: _____ Main Fax: _____
Main Address: _____ City: _____
State: _____ Zip: _____ Website: _____

Please Note: the above address will be the card mailing address. If you would like cards to be mailed to a different address, please let us know.

Cardlock Contact Information:

Cardlock Contact Name: _____ Title: _____
Phone:(____) _____ Fax: (____) _____
Cell: (____) _____ email: _____
Primary Authorized Signature: _____

Additional Cardlock contacts*? Yes No

*A person named as a Cardlock contact or an additional Cardlock contact on the cardlock account will have access to pin numbers, locking lost or stolen cards, ordering new cards, changing card profiles and anything else that may pertain to a Cardlock account. Cardlock contacts agree to defend, indemnify and hold SILVAS OIL COMPANY, INC. free and harmless from any and all claims, actions, losses, damages, liabilities and costs (including attorney's fees) resulting from negligence or misuse by Cardlock contacts or Cardlock contact's authorized employees and agents.

-Additional Contact: _____ Title: _____
Phone:(____) _____ Fax: (____) _____
Cell: (____) _____ email: _____

-Additional Contact: _____ Title: _____
Phone:(____) _____ Fax: (____) _____
Cell: (____) _____ email: _____

-Additional Contact: _____ Title: _____
Phone:(____) _____ Fax: (____) _____
Cell: (____) _____ email: _____

I would like to receive Cardlock Invoices by: (you may select more than 1 method)

Email: _____ Fax:(____) _____
(You may use more than 1 email address) (Billing Fax number with area code)

Accounts Payable Information:

A/P Contact: _____ Phone:(____) _____
Fax: (____) _____ email: _____

Name and title of person completing this form: _____

Office Use Only	
Date _____	Initials _____
<input type="checkbox"/> CFN _____	
<input type="checkbox"/> Advent _____	
Comments _____	
