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COUNTRYSIDE COOPERATIVE
FAST Card/Membership Application Form

Date: _____ Acc't #: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Request FAST (Charge) Card: _____ YES _____ NO

Gallons Per Fill: _____

Number of Cards Requested: _____

Fuel limit will be 50 gallons per fill unless otherwise stated.

Membership/Patronage Card Only: _____ YES _____ NO

If Replacement Card, include Card #: _____

Number of Cards Requested: _____

Request to Keep Same Card #: _____ YES _____ NO