



Striving to be Your 1st Choice

MIDLAND MARKETING

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CARDTROL AGREEMENT

PERSONAL INFORMATION

ACCOUNT NUMBER _____

NAME (LAST, FIRST) _____

HOME ADDRESS (STREET, APT, OR BOX) _____

CITY

STATE

ZIP

AGREEMENT

THIS AGREEMENT IS MADE BY AND/BETWEEN MIDLAND MARKETING COOP, INC. HEREINAFTER REFERRED TO AS “COOPERATIVE,” AND _____, HEREINAFTER REFERRED TO AS “PATRON.” **PRINT NAME**

1. **PATRON** UNDERSTANDS THAT THIS FACILITY SHALL BE FOR PRIVATE USE BY DESIGNATED CARDHOLDERS ONLY, AND NOT OPEN TO THE PUBLIC.
2. **PATRON** ACKNOWLEDGES THAT RECEIPT OF CARDTROL OPERATING CARD(S) MEANS THAT YOU AGREE TO ASSUME LIABILITY FOR ALL CHARGES MADE WITH THE CARD(S).
 - a. **IF PATRON’S CARD(S) IS LOST OR STOLEN, IT IS THE PATRON’S RESPONSIBILITY TO NOTIFY COOPERATIVE IMMEDIATELY.**
3. **PATRON** ACKNOWLEDGES THEY HAVE SUFFICIENT KNOWLEDGE AS TO THE PROPER USE OF THE DISPENSING EQUIPMENT AND IF NOT, WILL ASK.
4. **PATRON** FURTHER AGREES TO LIMIT THE USE OF THE ABOVE DISPENSING EQUIPMENT TO PERSONS WHO HAVE BEEN INSTRUCTED AND QUALIFIED IN THE USE OF SUCH EQUIPMENT.
5. **PATRON** AGREES NOT TO LEAVE THE DISPENSING EQUIPMENT UNATTENDED AT ANY TIME WHILE IT IS BEING OPERATED AND TO ACCEPT THE RESPONSIBILITY OF CONTROLLING SOURCES OF IGNITION.
 - a. **PATRON** FURTHER AGREES **NOT** TO DISPENSE CLASS I LIQUIDS INTO CONTAINERS NOT IN COMPLIANCE WITH THE STATE FIRE CODE.
6. **PATRON** AGREES TO COMPLY WITH THE **CREDIT POLICY OF COOPERATIVE**. NOT COMPLY WITH **COOPERATIVE’S CREDIT POLICY** WILL RESULT IN **CASH ONLY STATUS AND CARDTROL CARD(S) BEING DISABLED.**

- a. **PATRON** ALSO UNDERSTANDS THAT THE PRICE TO BE PAID FOR FUELS
DISPENSED MAY VARY AND BE CHANGED WITHOUT NOTICE BY
COOPERATIVE.

PATRON UNDERSTAND AND AGREES THAT ANY VIOLATION OF THE TERMS OF THIS
AGREEMENT SHALL CONSTITUTE AUTHORITY OF THE **COOPERATIVE** TO IMMEDIATELY, AND
WITHOUT NOTICE, TERMINATE THIS AGREEMENT AND THE USE OF THE FACILITIES HEREIN
DESCRIBED. **PATRON** ALSO MAY TERMINATE THIS AGREEMENT AT ANY TIME BY THE RETURN
OF THE CARD TO **COOPERATIVE** WITH PAYMENT IN FULL FOR PETROLEUM PURCHASED.

NUMBER OF CARD(S) _____ VEHICLE NUMBER **Y / N** ODOMETER READINGS **Y / N**

PATRON SIGNATURE

DATE

COOPERATIVE
REPRESENTATIVE SIGNATURE