



Fuel Card Application

Name _____

Address _____

Name to appear on card _____

Number of Cards needed _____ (ex 2-10)

Do you have a current credit application on file with us? _____

If No, You need to have an application on file with us.

The card will automatically reduce pump price by .03 cents

Account will be billed monthly by West-Con.

Signature _____

Office Use

Account# _____

Credit Application _____

MAIL TO: West-Con
Jakob DeBerg
PO Box 78
Holloway MN 56249

OR
EMAIL TO: jake@west-con.com