



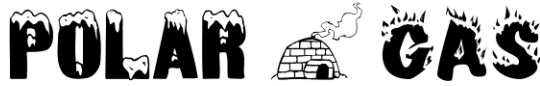
Phone: 303.659.1806

PO Box 187 - Brighton, Colorado - 80601

Fax: 303.659.2600

PERSONAL ACCOUNT CREDIT APPLICATION

APPLICANT INFORMATION			
Full name:			
Date of birth:		SSN:	Phone:
Current address:			
City:		State:	ZIP Code:
Own:	Rent:	(Please check one)	Monthly payment or rent: How long?
Previous address:			
City:		State:	ZIP Code:
Owned:	Rented:	(Please check one)	Monthly payment or rent: How long?
EMPLOYMENT INFORMATION			
Current employer:			
Employer address:			How long?
Phone:		E-mail:	Fax:
City:		State:	ZIP Code:
Position:		Hourly: Salary: (Please check one)	Annual income:
CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT			
Name:			
Date of birth:		SSN:	Phone:
Current address:			
City:		State:	ZIP Code:
Own:	Rent:	(Please check one)	Monthly payment or rent: How long?
Previous address:			
City:		State:	ZIP Code:
Owned:	Rented:	(Please check one)	Monthly payment or rent: How long?
EMPLOYMENT INFORMATION			
Current employer:			
Employer address:			How long?
Phone:		E-mail:	Fax:
City:		State:	ZIP Code:
Position:		Hourly: Salary: (Please check one)	Annual income:
APPLICATION INFORMATION CONTINUED			
Name of a relative not residing with you:			
Address:			Phone:
City:		State:	ZIP Code:
Relationship:			
MORTGAGE COMPANY / LANDLORD IF RENTING			
Name:		Address:	Phone:
Everything I/we have stated in this application is correct to the best of my/our knowledge. I/we understand Polar Gas will retain this application whether or not it is approved, and if approved credit will be extended according to the terms of the Credit Policy located either on the reverse of this sheet, or on the following page. I/we have read and fully understand the terms of the Polar Gas Credit Policy and I/we authorize Polar Gas to investigate my/our credit and employment history and to answer questions about your credit experience with me/us.			
Signature of applicant:			Date:
Signature of co-applicant:			Date:



CREDIT POLICY

TERMS:

Terms are cash for the amount of the purchase. Accommodation credit is available to patrons with approved credit. The Company does not extend "operational"; or "long term credit". Accommodation credit is defined as follows:

A statement of account shall be compiled for all patrons on or around the 25th of each month. The ending balance of the statement is due and payable in full by the 10th of the following month. This is not a revolving account. Payments are applied to the oldest charge first.

FINANCE CHARGES:

A finance charge is computed by a periodic rate of 1 ½% per month which is an annual percentage rate of 18%. The charge is applied to the previous balance remaining unpaid on the 10th of each month.

In other words, the balance subject to the finance charge is the previous month's balance, less deductions for payments and credits applied within 15 days following the date of the statement. To avoid finance charges, full payment for the new balance shown of the monthly statement must be received by the 10th.

DELINQUENT ACCOUNTS:

If the account is not paid in full within 30 days following the statement date, future credit privileges will be suspended. All sales and services will then be handled on a cash basis only unless other arrangements are made. The Company reserves the right to terminate credit sales to a patron at any time without prior notification.

CREDIT LIMITS:

Each charge account is assigned a credit limit, and the total amount of charges is not to extend beyond that limit. No additional charges will be permitted once the limit has been met or passed. If the account holder feels that the limit should be changed, he or she can submit a written request to the Credit Manager at any time.

ELIGIBILITY:

The Federal Equal Credit Opportunity Act prohibits creditors from discrimination against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency which administers compliance with this new law concerning the Company is: Federal Trade Commission, Denver Reg. Office, 1405 Curtis Street, Suite 2900, Denver, Colorado 80202.

CHANGE IN TERMS:

This agreement may be changed by the Company to increase the financing charge, change the due date, change the billing cycle, change the method of calculating the finance charge, or change matters of a similar nature within limitations of applicable law. Notice of any such change shall be given to the patron in two billing cycles prior to the effective date of change.

RIGHT TO PREPAY:

Patron may prepay in full the unpaid balance at any time without penalty. It being understood by the patron that nothing contained in this term is intended to create a revolving account or in any way to change the terms of this agreement.

AGENCY:

Until notified in writing to the contrary by the patron, the Company may assume that the patron's spouse, children over the age of sixteen years and employees, if any, are authorized to purchase goods or services and charge them to the patron's account. The best protection for the account holder is to list specifically on the credit application all those who have been given express permission to charge on the account.

COLLECTION FEES:

In the event that the undersigned fails to pay the account within three months after the purchase date, in addition to the unpaid balance, plus the retail finance charge, the undersigned will be required to pay reasonable attorney's fees where such balance is referred for collection to an attorney, not a salaried employee of the seller, and for court costs.

IN CASE OF ERRORS OR INQUIRIES ABOUT YOUR BILL:

The Federal Truth in Lending Act requires prompt correction of billing mistakes.

1. To preserve your rights under the Act, here is what to do if you think your bill is wrong or if you need more information about an item on your bill;
 - a. Do not write on the bill. On a separate sheet of paper write (you may telephone your inquiry but doing so will not preserve your rights under the law) the following:
 - I. Your name and account number (if any).
 - II. A description of the error and an explanation (to the extent you can explain) why you believe it is an error. If you need more information, explain the item you are not sure about and, if you wish, ask for evidence of the charge such as a copy of the charge slip. Do not send in your copy of a sales slip or other document unless you have a duplicate copy for your records.
 - III. The dollar amount of the suspected error.
 - IV. Any other information (such as your address) which you think will help us to identify you or the reason for your complaint or inquiry.
 - b. Send your billing error notice to PO Box 187, Brighton, Colorado 80601. Mail it as soon as you can, but in any case, early enough to reach us in 60 days after the billing was made to you.
2. We must acknowledge all letters pointing out possible errors within 30 days of receipt, unless we are able to correct your bill during that 30 days. Within 90 days after receiving your letter, we must either correct the error or explain why we believe the bill was correct. Once we have explained the bill, we have no further obligation to you even though you still believe that there is an error, except as provided in paragraph 5 below.
3. After we have been notified, neither we nor a collection agency may send you collection letters or take other collection action with respect to the amount in dispute; but periodic statements may be sent to you, and the disputed amount can be applied against your credit limit. You cannot be threatened with damage to your credit rating or sued for the amount in question, nor can the disputed amount be reported to a credit bureau or to other creditors as delinquent until we have answered your inquiry. However, you remain obligated to pay the parts of your bill not in dispute.
4. If it is determined that we have made a mistake on your bill, you will not have to pay any finance charges on any disputed amount. If it turns out that we have not made an error, you may have to pay finance charges on the amount in dispute, and you will have to make up any missed minimum or required payments on the disputed amount. Unless you have agreed that your bill was correct, we must send you a written notification of what you owe; and if it is determined that we did make a mistake in billing the disputed amount, you must be given the time to pay which you normally are given to pay the undisputed amounts before any more finance charges or late payment charges on the disputed amount can be charged to you.
5. If our explanation does not satisfy you and you notify us in writing within 10 days, after you receive our explanation that you still refuse to pay the disputed amount, we may report you to credit bureaus and other creditors and may pursue regular collection procedures. But we must also report that you think you do not owe the money, and we must let you know to whom such reports were made. Once the matter has been settled between you and the Company, we must notify those to whom we reported you as delinquent of the subsequent resolution.
6. If we do not follow these rules, we are not allowed to collect the first \$50 of the disputed amount and finance charges, even if the bill turns out to be correct.

CREDIT AGREEMENT:

The Company agrees, if this agreement is approved, that it shall allow the patron to purchase goods and services on credit and the patron agrees to pay for any goods and services in accordance with the above Credit Policy. I have read and understand the entire credit policy and agree to fulfill all the obligations of the credit agreement.

Customer Name:	Date:
Account Number:	Signature:



PO Box 187 – Brighton, CO 80601

303.659.1806 – Phone 303.659.2600 – Fax

Office Use:
Account Number: _____
Date Opened: _____

Customer Information Sheet

Billing Information

Billing Name: _____

Billing Address: _____

Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: _____ Mobile Phone 1 & Name: _____

Other Phone: _____ Mobile Phone 2 & Name: _____

Email Address: _____

Statement Type (*Check One*): _____ Email _____ Paper _____ Both

Delivery Information

Delivery Address

(if different):

Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Delivery Type (*Check One*): _____ **Auto-Fill** - Subject to the terms of the AUTO-FILL AGREEMENT located on the reverse or following page. (**Credit Approval Also Required**)

_____ **Will-Call** - Subject to the terms of the WILL-CALL AGREEMENT located on the reverse or following page.

I agree to keep my account current and I acknowledge that I will be responsible for all costs of collection incurred by Polar Gas, including attorney's fees.

Signature: _____

Area Below For Office Use Only

Account Type (*Check One*): C.O.D. Charge (*Credit App Signed & Dated* _____)

Tank Type: Polar Gas Rental (*Rate \$* _____) Customer Purchase Customer Previously Owned

Tank S/N: _____ Zone: _____ Stop #: _____



Auto-Fill Agreement

This agreement between Polar Gas (the company) and the parties named on the reverse, or previous page, of this agreement (the customer) allows the company to enter onto the customer's property on a periodic basis to fill the customer's propane tank.

This AUTO-FILL agreement is offered as a service to the customer and in no way guarantees that the customer will not run out of propane. The customer agrees to monitor the level of propane in the tank and notify the company if the level falls below 30 (thirty) percent. Polar Gas is NOT responsible and/or liable for any damages that may arise from the customer's tank running out of propane.

The customer agrees to keep driveways and/or service roads leading to the customer's tank free of debris, clutter, snow, ice, etc. so that the company may have access to fill the tank. The customer also agrees to notify the company, and come to a separate written agreement with the company, if the customer does not want the company's vehicles, tires, tire chains, etc. on certain portions of customer's property. The customer further agrees to hold the company harmless, and not liable for any and all damage to driveways, culverts, asphalt, concrete, etc. not covered by any separate written agreement.

This agreement supersedes any previous "Auto-Fill Agreements" and will continue to be in effect even after the contract on the reverse or previous page of this document has expired. This agreement will continue to be in effect until either party notifies the other in writing 30 (thirty) days prior to cancellation. This agreement is also subject to the terms of the Polar Gas CREDIT POLICY. As it states, balances that are not kept current may cause an interruption in service, revocation of credit, and cancellation of any past, present, or future contracts and/or agreements which make reference to the company's CREDIT POLICY. If the customer misses an AUTO-FILL delivery due to a non-current balance, the customer may also be subject to "Out of Route" fees if a delivery must be made prior to the next scheduled AUTO-FILL delivery date.

By checking the "Auto-Fill" box and signing the reverse or previous page, you consent to the terms of this agreement.



Will-Call Agreement

The parties named on the reverse, or previous page of this agreement (the customer), agree to call for any propane deliveries, and acknowledge that "Out-of-Route" and "Leak Test" fees may apply if the tank is below 30 (thirty) Percent when the customer orders a delivery. Will-Call customers must order a minimum of 250 gallons or a "Fill" if the tank will not hold 250 gallons, and Polar Gas (the company) will only make Will-Call deliveries when the company has a truck in the area taking care of Auto-Fill Customers.

The customer further agrees to order gas with a minimum of 10 (ten) business day's supply remaining in the Customer's tank, in order for the Company to have adequate time to work a delivery into the Company's regular schedule. If the Customer requires a delivery with less than 10 (ten) business days' notice an "Out-of-Route" fee may be charged and that fee will increase substantially during nights, weekends, and holidays. An "Out-of-Route" fee may also be charged if the Company must make multiple attempts to make a delivery due to the Customer's lack of payment, the Customer's inability to be home during a required Safety Check, or the Customer's tank being inaccessible for any reason.

The State of Colorado requires that any time there is an "interruption of service" a test for leakage must be performed. Running out of gas **IS** an interruption of service and the Company **MUST** perform a test for leakage, i.e. "Safety Check". If the Customer's tank runs out of propane there will be a "Leak Test" fee charged on top of any "Out-of-Route" fees and in order for the Company to perform a Safety Check the Customer **MUST** be home and available to sign paperwork acknowledging that a Safety Check was performed.

The customer also agrees to keep driveways and/or service roads leading to the customer's tank free of debris, clutter, snow, ice, etc. so that the company may have access to fill the tank. The customer further agrees to notify the company, and come to a separate written agreement with the company, if the customer does not want the company's vehicles, tires, tire chains, etc. on certain portions of customer's property. The customer agrees to hold the company harmless, and not liable for any and all damage to driveways, culverts, asphalt, concrete, etc. not covered by any separate written agreement.

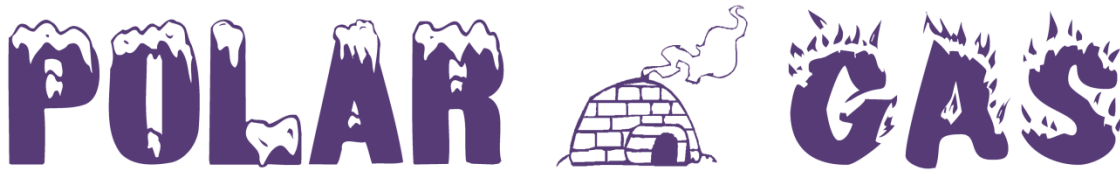
This agreement supersedes any previous "Will-Call Agreements" and will continue to be in effect even after the contract on the reverse or previous page of this document has expired. This agreement will continue to be in effect until either party notifies the other in writing 30 (thirty) days prior to cancellation.

Polar Gas is NOT responsible and/or liable for any damages that may arise from the customer's tank running out of propane.

By checking the "Will-Call" box and signing the reverse or previous page, you consent to the terms of this policy.

Signature: _____

Date: _____



Phone: 303.659.1806

PO Box 187 - Brighton, Colorado - 80601

Fax: 303.659.2600

Credit / Debit Card Authorization Form

Account Name: _____ Account No. _____

Home Phone: _____ Mobile Phone: _____

Delivery Address: _____

City, State, Zip: _____

Credit Card Type: _____ Visa _____ MasterCard _____ Discover

Credit Card Number: _____

Expiration Date: _____

Card Billing Address: _____

City, State, Zip: _____

Name as it appears on card: _____

Email Address for Receipts: _____

By signing below, I understand Polar Gas will retain my credit / debit card information and charge it as I have indicated below. I also have read and fully understand the terms of the Credit Policy located either on the reverse of this sheet, or on the following page. If my credit / debit card is ever declined, for any reason, I will immediately make full payment arrangements and I also agree that I will be responsible for all costs of collection incurred by Polar Gas, including attorney's fees.

Signature: _____ Date: _____

(Check One)

_____ Please keep my credit card on file and charge it any time there is an invoice posted to my account.

_____ Please keep my credit card on file, but only charge it when I call in a payment.