

Fill this section out so we can send you information on promos and free stuff for you and your family!!
(optional)

Children
Name Birthdate

_____	_____
_____	_____
_____	_____

Anniversary:
Names Date

_____	_____
_____	_____
_____	_____

The **FASTGAS** check cashing card benefits you!!

- *Speed up your purchase!
(no more showing ID)
- *Ability to write check for
\$10 over your purchase
amount!
- *Notice of special promos
and coupon offers!
- *Get \$1.⁰⁰ off coupon for
GAS with every approved
application!!

APPLICATION FOR CHECK CASHING PRIVILEGES AT





Fast - Clean - Friendly

CHECK CASHING CARD APPLICATION

Complete and drop off at:

Fastgas 38th & Mitchell 1-29 & Frederick 36 Hwy East & Platte Valley Rd. 36 Hwy East Wathena 1702 St. Joseph Ave.	Fastgas Belt & Pickett 22nd & Olive
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Name(s) as shown on checking account _____

Address (if P. O. box include street address) _____

Home Telephone _____ Work Telephone _____

Social Security Number _____ If joint account, SS# of second person _____

Birthdate _____ Birthdate of second person _____

Name and address of bank where checking account established _____

Credit Reference

Address

Telephone

Employer _____ Telephone _____

Address _____ Telephone _____

How long employed there _____

Other Employer (if joint account) _____ Telephone _____

Address _____

How long employed there _____

For all checking privileges you must attach a voided check or a copy of a voided check. Deposit slips, starter checks and reorder forms are unacceptable

AFTER COMPLETING THE ABOVE, SIGN BELOW AND BRING THIS FORM AND VOIDED CHECK TO ANY FASTGAS STORE FOR BANK VERIFICATION.

Bank Representative to fill out: Date account established _____ Regular Deposits? Yes _____ No _____
Number of NSF checks last 6 mo. _____ Number of returned checks last 6 mo. _____

Any history or irregularities with this account or other accounts under this name? Please describe _____

Signature of Bank Representative _____ Date _____

Bank Identification Stamp _____

I (we) attest that the above information is correct to the best of my (our) knowledge. I (we) hereby give FASTGAS permission to verify the above information and/or check the applicants' credit history.

1st Applicant's Signature _____ Date _____ 2nd Applicant's Signature _____ Date _____