

# Fuel Network User Agreement

## *Attachment B*



1. **PARTIES TO THE AGREEMENT:** Between the State of Utah, Department of Administrative Services, Division of Fleet Operations referred to as the STATE and the following USER:

USER Name: \_\_\_\_\_ Fed Tax ID: \_\_\_\_\_

User Billing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Contact Email: \_\_\_\_\_

2. **PURPOSE OF AGREEMENT:** The purpose of this agreement is to provide electronic fuel dispensing and fleet card processing services to the USER at State Consolidated Network sites.

3. **PERIOD OF AGREEMENT:** Effective \_\_\_\_\_ and will continue until canceled by either party by giving the other party fifteen (15) days prior written notice. On termination of this agreement all payments will be processed for purchases made by USER through the date of termination.

4. **PAYMENT PROCEDURES:** USER will be billed monthly directly from the State of Utah. The monthly billing and "Fuel Management Report" are the same document. USER agrees to pay the billing within thirty (30) days of billing closing date. Non-payment after 30 days will be assessed a 5% late fee of past due balance; at 60 days a 10% late fee of past due balance; at 90 days a 15% late fee of the past due balance; at 120 days past due the account will be locked and the past due balance will be sent to the Office of Debt Collections where additional charges will be applied.

5. **USER ACCESS CARDS:** Access cards for fuel purchases will be issued to USER for agency staff use.

6. **COSTS TO BE BILLED USER:** The cost of fuel at "State managed" locations will be at "rack" plus delivery and administrative fee". This fee is established through public rate hearings and is based on the costs of managing the Network. The costs and rates are Public Information and will be made public.

7. **OPERATING PROCEDURES:** USER will advise staff to use the NETWORK facilities in a responsible and safe manner and shall indemnify the STATE for damages caused by USER'S at a State Consolidated Network site.

IN WITNESS WHEREOF, the parties sign and cause this agreement to be executed between the USER and the STATE on this date \_\_\_\_\_.

USER \_\_\_\_\_  
Authorized Representative

STATE \_\_\_\_\_  
Division of Fleet Operations

\_\_\_\_\_  
Type Name and title of authorized

\_\_\_\_\_  
Name and Title of Representative



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# Signature Authorization Cards *Attachment D*



The names listed below are authorized to approve the issuance of fueling cards to vehicles and Personal Identification Numbers to employees of USER for use in the State Consolidated Fueling Network

ORGANIZATION: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME	DATE	SIGNATURE	DEPARTMENT	PHONE AUTHORIZATION

AUTHORIZED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

