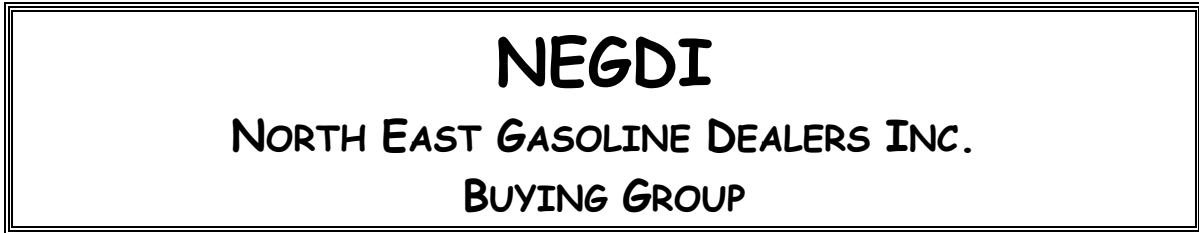


HLA SALES REP. _____



SIGN UP FORM

(please print)

HLA Customer Number _____

Owner's Name _____

Station Name _____

(Name checks are to be issued to.)

Gas Brand _____

Address _____

Best Daytime Phone Number(s)

(_____) _____ or (_____) _____

Fax (_____) _____ e-mail _____

You Must Complete One Form For Each Location

For More Information Call:

Phil Menna
President, NEGDI
(718) 828-4395

FAX THIS FORM TO LAURA/ANNETTE @ (631) 962-0589