

# Casey's Business Mastercard Program Application

FAX Application to: 1-866-435-3795

For more information contact Casey's Business Mastercard Sales at 1-844-483-2901



## BUSINESS INFORMATION (Required) Please tell us about your business:

Legal Company Name (limit to 28 characters)*			Subsidiary or DBA (limit to 20 characters)		
Primary Fleet Contact First Name*	Last Name*	Title*	Account Security Code (For Card Activation & Customer Service) -- 5 NUMBERS*		
Card Delivery Street Address 1 (No PO Boxes)*			Business Phone #*	Cell Phone #	Fax#
Card Delivery Street Address 2			Type of Business*	Years in Business*	Full Time Employees*
City*	State*	ZIP*	Estimated Monthly Charges/Spending (\$)*		Estimated Monthly Gallons*
Company Billing Street Address 1 (If Different Than Card Delivery Address)			# of Vehicles*	# of Drivers	# of Cards Needed
Company Billing Street Address 2			Federal Tax ID #*		
City	State	ZIP	Statement Delivery Method:	Electronic	Paper
Email Address*:					
Type of Organization*: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Public Corporation <input type="checkbox"/> Private Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Government & Education <input type="checkbox"/> LLC <input type="checkbox"/> LLP					

## Authorized Signature Required (Representative acknowledges receiving fuel pricing and payment terms)

Initial Here: \_\_\_\_\_

Please Read Carefully: FleetCor Technologies Operating Company, LLC ("FleetCor") operates the Casey's Business Mastercard product. This application is made to FleetCor. By signing this application, Customer authorizes FleetCor to check Customer's credit references and the information on this application and to obtain consumer or commercial credit reports to check Customer's credit standing, both for this application and for the updates of Customer's credit file and renewals of Customer's Casey's Business Mastercard card(s). Customer acknowledges that this application is subject to approval and acceptance of Customer by FleetCor in Louisiana. If this application is approved, then Customer will be notified of its available credit/spend limit, and Customer will not allow its unpaid account balance to exceed its credit limit. Customer agrees that Louisiana law governs the terms and conditions of the Casey's Business Mastercard card(s), which terms and conditions will accompany the card(s) if this application is approved ("Card Terms"). Customer's accepting, signing, or using any Casey's Business Mastercard card(s) will constitute Customer's acceptance of those terms and conditions including, without limitation, Customer's unconditional obligation to pay for all use of Casey's Business Mastercard cards provided to Customer and all use of Customer's account each billing cycle, as well as all interest, fees and costs associated with such cards and account. The account is not a revolving credit account. Customer agrees that any liability arising or resulting from the misuse, unauthorized use, loss or theft of any one or more of the cards issued or of Customer's account shall be fully borne, assumed and paid by Customer except as provided by applicable law and the Card Terms. Customer also agrees that Customer will exclusively use the Casey's Business Mastercard card(s) for commercial purposes and understands that Customer's card(s) may be canceled if Customer uses them for personal, family, or household purposes. In the event that Customer's account is turned over to a collection agency or an attorney for collection, Customer agrees to pay all such costs, fees and expenses of such agency or attorney, including, without limitation, court costs and out-of-pocket expenses. By signing below, Customer confirms that everything it has stated in this application is correct and that the signing authorized representative is duly authorized to enter this relationship on behalf of customer.

## I agree to the Terms of this Application (Please check box)

Print Name* (Authorized Representative)		Signature* (Authorized Representative)	
Title:	Telephone #:	Date*:	

## BUSINESS OWNER/ACCOUNT PRINCIPAL

Required for all businesses excluding public corporations, non-profits, governments and educational institutions. Required for all persons owning 25% or more of business. Please use the Appendix to record additional owners.

Principal First Name	Middle Initial	Last Name	Signature (Principal)	
Principal Street Address (No PO Boxes)		Social Security #	Date of Birth	
City	State	Zip	Home Phone #	Cell Phone #

Does this person have significant responsibility for managing the legal entity listed above? Yes  No

### \*\*\*OFFICE USE ONLY\*\*\*

Market:	Rep ID:	Rep Name:	ATS Code (last 4 digits):
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\*Required Field