

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: <input type="checkbox"/> Electronic <input type="checkbox"/> 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					

NOTE – At FleetCor's discretion, we may require CPA Reviewed or Audited Financial Statements during the Credit review.

AUTHORIZED SIGNATURE - Required

FleetCor Technologies Operating Company, LLC ("FleetCor") and Comdata Inc. operate the Comdata MasterCard® card that is issued by Regions Bank ("Regions"). As used in this application, "FLEETCOR" may refer to FLEETCOR acting for itself or on behalf of Regions Bank. By signing this application, I represent and warrant that I am duly authorized to request that an account be created on behalf of my company identified above ("Applicant"). FLEETCOR is hereby authorized to check Applicant's credit worthiness, initially as well as from time to time, including but not limited to obtaining credit report(s), contacting the Applicant's bank, and obtaining trade references. Applicant acknowledges that this application is subject to approval and acceptance by FLEETCOR. If this application is approved, then the Applicant's Authorized Representative listed above will be notified of the account's available credit limit, the acceptable payment terms & method, and any applicable program fees. Program details will be provided in the account agreement that will be delivered along with the cards to the Authorized Representative. Account agreement is available at www.comdata.com/fuelcard/terms. Applicant acknowledges that the fleet card program is not a revolving credit account and that any purchases made during the billing cycle are due and payable in full, including any applicable fees, upon receipt of the billing statement. If the Applicant's unpaid balance ever exceeds the established credit line, the account will incur a fee and may be suspended and the Applicant's credit history may be reported to credit reporting agencies. Applicant's acceptance, signing, in whatever form, or use of any of the cards provided to the Applicant will constitute acceptance of the terms and conditions contained in this application and the account agreement. Applicant agrees that any liability arising or resulting from the misuse, unauthorized or fraudulent use, loss or theft of any of the cards issued to the company's account shall be fully borne, assumed and paid by the Applicant. If FLEETCOR uses an attorney or collection agency to collect an unpaid overdue amount, the Applicant agrees to pay reasonable attorney and/or collection fees. Applicant agrees that the account will be governed by Louisiana law and that the cards are for business/commercial use only and never used for personal or household purposes and agrees that use of the cards for consumer or household purposes shall be grounds for immediate termination of the Applicant's account. We comply with Section 326 of the USA PATRIOT Act. This law mandates that FLEETCOR verify certain information about you while processing your account application.

Comdata MasterCard® Program Terms & Fees:				Account Type: Non-Revolving. Paid in Full.	
	<u>Billing Cycle</u>	<u>Days to Pay</u>	<u>Payment Method</u>	<u>Transaction Fees</u>	<u>Card Fees</u>
<input type="checkbox"/> Standard Monthly	Monthly	15	Check / Electronic Payment	up to \$3.00	\$2.00 per card per month
<input type="checkbox"/> Standard Semi-Mo.	Semi-Monthly	15	Check / Electronic Payment	up to \$3.00	None
<input type="checkbox"/> Standard Weekly ¹	Weekly	7	Electronic Payment	up to \$3.00	None
Print Name* (Authorized Representative)			Signature* (Authorized Representative)		
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:	Source Code:	ATS Code (last 4 digits):
Deposit Required?	Amount:	Date Requested:	Date Received:	

¹ Standard Weekly product requires receiving statements and making payments electronically via the Comdata on-line system.

* **REQUIRED FIELD**