

## Driven Mastercard® Fax completed application to 866-435-3795 or email to InboundWebApps@fleetcor.com

Legal Company Name (lim	it to 28 char	acters	) *	Su	ubsic	liary	or	DBA	A (lir	nit	to	20 0	cha	racters)									
Primary Contact First Name	* Last Name	*	Title*	Ad	ccou	nt Se	ecu	urity	Coc	le (	(Fo	r Ca	rd /	Activation	n &	Cus	ton	ner S	Serv	/ice)	) - 5	Nui	nbers
Card Delivery Street Addre	ss 1 (No PO E	Boxes)	*	Βι	usine	ess Pl	າວເ	ne #	*					Cel	l Pł	none	e #						
Card Delivery Street Addre	ss 2			Fax #															_				
City*	State*	ZIP*		Ту	Type of Business* Years in Busi								Business* Full Time Employees*										
Company Billing Street Add (If Different Than Card Deliv		)		How many cards do you need? About how much do you spend each month on fuel and other business expenses?													on						
Company Billing Street Add	dress 2			Fe	edera	al Tax	< 10	) #*															
City*		How would you like to get your statements? Electronic Paper																					
Email Address*	·																						
Type of Organization*: Sole	e Proprietorshi	n	Partners	ship		Corp	ora	ation		N	Jon-	Prof	it	Govern	ıme	nt				I	ΙP		

Personal Info - Required for All Proprietorships, Partnerships or any other business/organization less than two years old or having fewer than 5 employees.

Each principal ("Principal") for this Account, if any, is personally and unconditionally, jointly and severally liable with Customer, as principal and not as surety or guarantor, for the payment and performance when due of all obligations owed on the Account, regardless of who made purchases using the Cards, and the Principal agrees to pay such amounts according to the terms of this application and the Card Terms. Principal is responsible under this application and the Card Terms for all use of all of the Cards issued on the Account to the fullest extent permitted by law. This constitutes Principal's agreement, individually, regarding the provisions under "AUTHORIZED SIGNATORY" above, including without limitation checking and reporting your credit and confirming your identity.

Principal First Name	Middle Initial	Last Name						Signature (Principal)																
Guarantor Street Address (No PO Bo	Social Security #										Date of Birth													
														/			/							
City*	State*	ZIP*	e Pł	Phone #							Ce	ell F	ho	ne i	#									

Please note that we may need CPA-Reviewed or Audited Financial Statements during the Credit review process. Authorized Signature - Required

FleetCor Technologies Operating Company, LLC ("FleetCor") and Comdata Inc. operate the Driven Mastercard® card. 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 Driven 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 Driven card(s), which terms and conditions will accompany the card(s) if this application is neluding, without limitation, Customer's accepting, signing, or using any Driven card(s) will constitute Customer acceptance of flose terms and conditions including, without limitation, Customer's accepting, signing or using any Driven card(s) will constitute Customer acceptance of Customer's acceptance of Lustomer's acceptance of Lustomer's acceptance and luse of Customer's acceptance and those terms and conditions including, without limitation, Customer's accepting, signing or using any Driven card(s) will constitute Customer acted to Customer's account. Sumer'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 uses them for personal, family or household purposes. In the event that

Driven Master	card	<sup>®</sup> Pro	gran	n Ter	ms &	Fee	s:			Acc	ount	t Type: 🖡	lon-R	evol	ving	. Pa	id i	n F	ull.					
<u>Billing Cycl</u> e Monthly		<u>Day</u> : 19	<u>s to F</u> )	<sup>D</sup> ay		Che				<u>thod</u> c Payn	nent	t												
Please note that y	our b	usines	s may	be of	fered	altern	ative S	Semi-N	/lonthl	y Net 14	4 or V	Weekly Net	t 7 term	optio	ons fo	ollow	ing c	cred	it re	viev	۷.			
Please note that your business may be offered alternative Semi-Monthly Net 14 or Weekly Net 7 term options following credit review.   Print Name* (Authorized Representative) Signature* (Authorized Representative)																								
Telephone #												Date*		/			/							

Market:	Rep ID:	Rep Name:	ATS Code (last 4 digits):
Standard Weekly	product requires receiving state	ments and making payments electror	nically via the Driven online system.

\* REQUIRED FIELD

Mastercard® is a registered trademark of Mastercard® International Incorporated. The Driven Mastercard® is issued by Regions Bank, pursuant to a license by Mastercard® International Incorporated.



Company Name:

Contact Name:

## Setup Your Cards to Suit Your Business Needs

Tell us which card you'd like for each employee, and whose name should be on it



**Driven Fuel** For purchases at fuel locations only.



**Driven Fuel +** For fuel, plus the maintenance purchases you need to keep your vehicles moving.

Driven Fuel or Driven Fuel +	Wh	ose	nai	me	sho	uld	be	on	the	car	d? (	no i	mor	'e th	nan	24	chai	ract	ers,	ple	ease	)		
	1.																							
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## **Driven Select**

For your employees who need to purchase a few extras while on the job. Choose from building materials or travel expenses.

## Looking for more from your Driven Program? We've got you covered\*

We'll also review your application for our Driven Select and Driven Complete programs. If your business qualifies, you can upgrade cards for yourself or selected employees.



**Driven Complete** The total solution. Buy everything you need to run your business

\*Subject to credit review and approval