# Fuelman

## APPLICATION FOR FUELMAN ADVANTAGE FLEET CARD

### Fax Completed Application To: 866.435.3795 Or Mail To: PO Box 924138, Norcross, GA, 30010

BUSINESS INFORMATION (Required	Source Code: Web FCUSA			
Legal Company Name			Type of Business	Years in Business Under Current Owner
Subsidiary or DBA			Main Phone #	
Street Address (No PO Boxes)			Cell Phone #	
Street Address 2			Fax #	
City	State	ZIP	Federal ID #	Tax Exempt #
Is Billing Address Different than Business Address?	Yes 🗌 No 🗌		# of Vehicles	Monthly Fuel Spend
Billing Address (If Different Than Above)			# of Full Time Employees	
Billing Address 2			Security Code (5 digit)	
City	State	ZIP	Email Address	
First Name	Last Name		Title	

Type of Organization: Sole Proprietorship Partnership Corporation Non-Profit Government LLC LLP

#### AUTHORIZED SIGNATURE Required (Representative acknowledges receiving fuel pricing and payment terms) Initial Here

FleetCor Technologies Operating Company, LLC ("FleetCor") operates the Fuelman Fleet Card program. By signing this application, I represent and warrant that I am duly authorized to request that a Fuelman Fleet Card account be created on the 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 subject to approval and acceptance by FleetCor. If this application is approved, then the Applicant's Authorized Representative listed above will be norified of the account's acknowledges that the fleet card program terms. By method, and any applicable program fees. Program details will be provided in the client agreement that will be delivered along with the cards to the Authorized Representative. Applicant's cardit history may be reported to credit reporting agneties. Applicant's authorized fees, upon receipt of the billing statement. If the Applicant's credit history may be reported to credit reporting agneties. Applicant's acceptance, signing, in whatever from, or use of any of the cards provided to the client's acceptance, signing, in whatever from, or use of any of the cards provided to the client's acceptance, signing, in whatever from, or use of any of the cards provided to the cards the terms and conditions contained in this applicant's authorized or fraudulent use, loss or theft of any of the cards provided to the cards are on the acceptance and the account will be governed by Georgia law and that the cards are for business/ommercial use only or collection and overdue amount, the Applicant's acceptance and agrees that the account will be governed by Georgia law and that the cards are for business/ommercial use only on y ore law of the cards for consumer or household pu

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

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

## BUSINESS OWNER/ACCOUNT PRINCIPAL Required for all Proprietorships, Partnerships or any other business/organization less than two

years old or having fewer than five (5) employees.

Each principal ("Principal") for this Account, if any, is personally and unconditionally, jointly and severally liable with Applicant, 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 Agreement. Principal is responsible under this Agreement for all use of all of the Cards issued on the Account to the fullest extent permitted by law. This constitutes Principal agreement, individually, regarding the provisions under "AUTHORIXED SIGNATCRY" above, including without limitation checking and reporting our creditive ground and confirming your identity.

Guarantor First Name	Last Name	Middle Initial		Guarantor Signature	
Guarantor Street Address (No PO Boxes)		Social Security #		Date of Birth	
Guarantor Street Address 2		Home Phone #	-or-	Cell Phone #	
City	State	ZIP			
		**OFFICE USE ONLY**			

Market:

Rep Name:

	FUELMAN			
TERMS DEFINITION	DRIVER NAME VEHICLE DESCRIPTION VEHICLE IDENTIFICATION EXP 11/12			
PRODUCT	FUELMAN ADVANTAGE			
PAYMENT METHOD:	□ ON-LINE BILL PAY □ CHECK			
BILLING CYCLE / TERMS	<ul> <li>WEEKLY - NET 10</li> <li>BIWEEKLY - NET 10</li> <li>CALENDAR - NET 10 (includes \$2 per card per month fee)</li> </ul>			
EXTENDED TERMS FEE:	□ NET 21 @ 1% □ NET 30 @ 1.5%			
ADDITIONAL OPTIONS:	<ul> <li>TAX EXEMPT REPORT AND FILING (includes 1% tax filing fee) **Waived for 2012</li> <li>DEPOSIT (If checked you will be considered for a deposit product if credit warrants)</li> </ul>			
REPORT DELIVERY METHOD: 🗌 MAIL - \$9.95 🗍 FAX - \$4.95 🗌 EMAIL 🗌 WEB				
REPORT/STATEMENT DELIVERY INFO				
FLEET MANAGER				
Name	Email			
Telephone #	elephone # Fax #			
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ACCOUNTS PAYABLE REPRESENTATIV	E Email			
Telephone #	Fax #			
Standard Fuelman terms and conditions apply.				
I fully understand and accept the terms of this program.				
Name:	Title:			
Signature:	Date:			
Market Name: Rep Name: Rep ID: <b>V_FMA_9.20.12</b>	**OFFICE USE ONLY**			