

ARCO Business Solutions Application

FAX Application to: 1-866-435-3795 or mail to: ARCO Business Solutions, PO Box 923928, Norcross, GA 30010



For more information contact 1-800-633-3271

Section A: CARD PRODUCT SECTION - PLEASE SELECT A CARD PRODUCT

Choose the card that works best for your business:

ARCO Business Solutions Fuel Card (Purchases at ARCO only with basic reporting)

ARCO Business Solutions Universal Fuel MasterCard® (Purchases at ANY fueling location that accepts MasterCard, detailed reporting and rebates)

All fields must be completed to ensure timely processing.

Section B: BUSINESS INFORMATION - PLEASE TELL US ABOUT YOUR BUSINESS

Business Legal Name / DBA

Federal Tax ID (required)

Business Name Printed on Cards

Fax Number

Years under current ownership¹

\$ / Month
Estimated Monthly Fuel Usage (Dollars)

Number of Full Time Employees¹

Business Structure/Type¹

Proprietorship		Public Corporation		Non Profit	
Government & Education		Private Corporation		Partnership	
LLP		LLC			

¹ See Section F

Main Business Address Line 1 (No P.O. Boxes)
This is where your cards will be shipped

Motor Fuel Tax Exemption*
Check if your business is exempt from motor fuel tax
*Please attach state tax exemption certificate. A fee may apply.

Main Business Address Line 2 (No P.O. Boxes)

Main Business Address City

State

Zip

Billing Address (if different from Main Business Address)

Billing Address City

State

Zip

Section C: CONTACT INFORMATION - PLEASE TELL US ABOUT YOURSELF

Business Owner/Key Executive First Name

Business Owner/Key Executive Last Name

Main Business Phone

Cell Phone/Secondary Number

Billing Contact First Name
(if different from Business Owner/Key Executive)

Billing Contact Last Name

Billing Contact's Phone Number

Cell Phone/Secondary Number

Choose security password, required to discuss your account with Customer Service (Must be 5 numeric characters)

E-mail Address for Online Statements and Reports

How would you like to receive your statement? (check one)

Online/Email

Paper (a fee may apply)

Section D: FINANCIAL/REFERENCE INFORMATION - PLEASE TELL US ABOUT YOUR BUSINESS BANKING AND REFERENCES

Primary Bank Reference (required)

Bank Account Number (required)

Current Fuel Purchasing Method

Sales Representative Name/ID

Merchant ID

Employee ID

Internal Use

