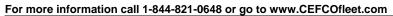
## **CEFCO Fleet Card Mastercard Application**

FAX Application to: 770-729-2038 or mail to: CEFCO Fleet Card, PO Box 923928, Norcross, GA 30010





Section A: BUSINESS INFORMATION - PLEASE TELL US ABO	TO TOOK BOOME					
Business Legal Name / DBA	Federal Tax ID (required)					
	, , , , , , , , , , , , , , , , , , ,					
Business Name Printed on Cards	Fax Number		Years under current o	wnership <sup>1</sup>		
\$ / Month	Nun	mber of Full Time Emplo	oyees <sup>1</sup>			
Estimated Monthly Fuel Usage (Dollars)						
	Business Structure/Typ	Proprietorship	Non Profit	$\neg$		
	Corporation		ATOTA TOTAL			
Main Business Address Line 1 (No D.O. Poyce)	Government	Partnership	4			
Main Business Address Line 1 (No P.O. Boxes) This is where your cards will be shipped	LLP	LLC				
	See Section F	Motor Fuel Tax Exem	option*			
Mai Davis and All San		Check if your business is	s exempt from motor fuel tax	-h.		
Main Business Address Line 2 (No P.O. Boxes)	*Plea	ease attach state tax exemp	otion certificate. A fee may a	рру.		
Main Business Address City	State	Zip				
· · · · · · · · · · · · · · · · · · ·		•				
Billing Address (if different from Main Business Address)						
,				$\neg$		
Billing Address City	State	Zip				
		·				
Section B: CONTACT INFORMATION - PLEASE TELL US ABO	OUL YOURSELF	<u> </u>	<u> </u>			
Business Owner/Key Executive First Name	Business Owner/Key Executive Last Name					
Main Business Phone	Cell Phone/Secondary	/ Number		<del>_</del>		
Billing Contact First Name (if different from Business Owner/Key Executive)	Billing Contact Last Name					
(if different from Business Owner/Key Executive)				$\neg$		
Billing Contact's Phone Number	Cell Phone/Secondary Number					
	2. Sosondary					
Choose security password, required to discuss your account with Customer	E-mail Address for On	nline Statements and Re	ports			
Service (Must be 5 numeric characters)						
How would you like to receive your statement? (check one)	Online	Paper (a fee ma	ıy apply)			
		., (& 100 1116				
Section C. EINANCIAL (DEFEDENCE INFORMATION	ETELL LIQ ASSESSED	ALID DUDOUSES	VIVINO AND	NOTO		
Section C: FINANCIAL/REFERENCE INFORMATION - PLEASE	E TELL US ABOUT YO	OUR BUSINESS BAN	NKING AND REFERE	NCES		
Section C: FINANCIAL/REFERENCE INFORMATION - PLEASE	E TELL US ABOUT YO	OUR BUSINESS BAN	NKING AND REFERE	NCES		
Section C: FINANCIAL/REFERENCE INFORMATION - PLEASI	Bank Account Number		NKING AND REFERE	NCES		
			NKING AND REFERE	NCES		
			NKING AND REFERE	NCES		
Primary Bank Reference (required)			NKING AND REFERE	NCES		
Primary Bank Reference (required)			NKING AND REFERE	NCES		

## Section D: AUTHORIZED SIGNATURE - REQUIRED

Please Read Carefully: FleetCor Technologies Operating Company, LLC. ("FleetCor") and Comdata Network, Inc. ("Comdata") operate the CEFCO Fleet Card MasterCard and FleetCor Technologies Operating Company LLC operates the CEFCO Fleet Card Mastercard. 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 CEFCO Fleet 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 spend limit. Customer agrees that Louisiana law governs the terms and conditions of the CEFCO Fleet card(s), which terms and conditions will accompany the card(s) if this application is approved. Customer's acceptance of those terms and conditions including, without limitation, Customer's unconditional obligation to pay for all use of CEFCO Fleet card(s) will constitute 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. Customer also agrees that Customer will exclusively use the CEFCO Fleet card(s) for commercial purposes and understands 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 expe

USA Patriot Act. This law mandates	that we verify certain information abou	ut you while processing your account application.				
Print Name and Title (Authorize	orized Representative) Signature (Authorized Representative)		entative)	Date (MM/DD/YYYY)		
Section E: BUSINES	SS OWNER/ACCOUNT	PRINCIPAL - REQUIRED				
when due of all obligations owed on s responsible under this Agreemen	the Account, regardless of who made t for all use of all the Cards issued on t uding without limitation checking and re	ditionally, jointly and severally liable with Applicant, as purchases using the Cards, and the Principal agrees he Account to the fullest extent permitted by law. This porting your credit and confirming your identity.	to pay such amounts according to th	e terms of this Agreement. Pri	ncipal	
Print Name (Principal)		Signature (Principal)		Date of Birth (MM/DD/YYYY)		
Principal Street Address		City	State	Zip		
Social Security # (required)	required) Home Phone Number			Cell Phone Number		
Section F: CARD SE	T UP INFORMATION	- PLEASE TELL US HOW YOU WO	OULD LIKE YOUR CARD	S SET UP		
I. Choose Cards		Number of Cards				
2. Information on each card						
Card Number		<b>Description</b> possed on the card)	REQUIRED: Select Prompt (Enter 1 or 2 below) 1-Prompted ID# 2-Prompted ID# & Odomete		Purchasing: (Enter 1 or 2 below) 1-Fuel Only 2-Fuel & Non-Fuel	
1						
2						
3						
4						
5						
f you want more than 5 c	ards, add an additional she	et or call 1-844-821-0648.				
3. Please fill out this section	about your drivers.					
Driver Name		Prompted ID Number  Do not start with "0" or use the same number such as 1111, 2222.  Must be 4 digits.				
			+			