

FUELMAN DIESEL 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 obtaining trade references. Applicant chrowledges that this application is subject to approval and acceptance by FleetCor. If this application is approved, then the Applicant's Authorized Representative listed above ("Applicant'). FleetCor is hereby authorized 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 client agreement that will be diverded along with the cards Representative. 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 credit history may be reported to credit reporting agencies. Applicant's accubance, signing, in whatever form, or use of any of the cards provided to the client's credit reporting agencies. Applicant's accubance, signing, in whatever form, or use of any of the cards provided to the client account agreement. Applicant's accubance, signing, in whatever form, or use of any of the cards provided to the client account agrees that the account applicable fees, upon 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 sprovided to the client agreement that the account agrees that the account and agrees that use of the cards or on a dargees that the card agrees that use of the provided to the client or no usefold upproves and agrees that use of th

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's agreement, individually, regarding the provisions under "AUTHORIZED SIGNATORY" above, including without limitation checking and reporting your credit 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				

Rep Name:



TERMS DEFINITION

PRODUCT	DIESEL ADVANTAGE				
PAYMENT METHOD:	□ ON-LINE BILL PAY □ CHECK				
BILLING CYCLE / TERMS	 WEEKLY - NET 10 BIWEEKLY - NET 10 CALENDAR - NET 10 (includes \$2 per card per month fee) 				
EXTENDED TERMS FEE:	□ NET 21 @ 1% □ NET 30 @ 1.5%				
ADDITIONAL OPTIONS:	 TAX EXEMPT REPORT AND FILING (includes 1% tax filing fee) **Waived for 2012 DEPOSIT (If checked you will be considered for a deposit product if credit warrants) 				
REPORT DELIVERY METHOD: 🗌 MAIL - \$9.95 🗌 FAX - \$4.95 🗌 EMAIL 🗌 WEB					
REPORT/STATEMENT DELIVERY INFO					
FLEET MANAGER					
Name	Email				
Telephone #	Fax #				
ACCOUNTS PAYABLE REPRESENTATIVE	Ε				
Name	Email				
Telephone #	Fax #				
Standard Fuelman terms and conditions apply.					
I fully understand and accept the terms of this pro	gram.				
Name:	Title:				
Signature:					
Market Name: Rep Name: Rep ID: V_FDSLA_9.20.12	**OFFICE USE ONLY**				