

Meineke Fleet Solutions MasterCard ®

Fax completed application to 888-862-3665 or email to FCUSAFax@fleetcor.com

Legal Company Name (limit to 28 characters)*			Subsidiary or DBA (limit to 20 characters)			
Primary Fleet Contact First Name* Last Name* Title*			Account Security Code (For Card Activation & Customer Service) – 5 NUMBERS*			
Card Delivery Street Address 1 (No PO Boxes)*			Business Phone #*	Cell Phone #	Fax #	
Card Delivery Street Address 2			Type of Business*	Years in Business*	Full Time Employees*	
City*	State*	ZIP*	Estimated Monthly Charg	es/Spending (\$)* Est	imated Monthly Gallons*	
Company Billing Street Address 1 (If Different Than Card Deliver	y Address)		# of Vehicles*	# of Drivers	# of Cards Needed	
Company Billing Street Address 2			Federal Tax ID #*			
City	State	ZIP	Statement Delivery Metho	od: 🔲 Electronic 🔲 Pape	ər	
Email Address*:						
Type of Organization*: Sole Proprietorship Partnership	Corporation	Non-Profit 🛛 Governme	ent 🔲 LLC 🔲 LLP			

NOTE - At FleetCor's discretion, we may require CPA Reviewed or Audited Financial Statements during the Credit review.

AUTHORIZED SIGNATURE - Required

FleetCor Technologies Operating Company, LLC ("FleetCor") and Comdata Network, Inc. operate the Meineke Fleet Solutions 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 Meineke Fleet Solutions MasterCard[®] 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 Meineke Fleet Solutions MasterCard[®] card(s), which terms and conditions including, without limitation, Customer's unconditional obligation to pay for all use of Meineke Fleet Solutions MasterCard[®] card(s) will constitute Customer's acceptance of those terms and conditions including, without limitation, Customer's unconditional obligation to pay for all use of Meineke Fleet Solutions MasterCard[®] card(s) will constitute Customer's acceptance of those terms and conditions including, without limitation, customer, succept as provided to 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's account is turned over to a collection agency or an attorney for collection, Customer will exclusively use the Meineke Fleet Solutions MasterCard[®] card(s) for commercial purposes and understands that Customer's card(s) may be canceled if Customer will exclusively use the Meineke Fleet Solutions MasterCard[®] card(s) for commercial purposes and unde

Meineke Fleet Solutions MasterCard [®] Program Terms & Fees:			Account Type: Non-Revolving. Paid in Full.					
	Billing Cycle	Days to Pay	Payment Method		Fees	Fuelman Discount Network Savings		
Standard Monthly	Monthly	14	Check / Electronic Payr	ment S	61.00 per card	3¢ per gallon		
Standard Semi-Mo.	Semi-Monthly	12	Check / Electronic Payr	ment	None	3¢ per gallon		
If you do not qualify for the products above after a Credit review, you may be offered:								
Standard Weekly ¹	Weekly	7	Electronic Payment	t	None	3¢ per gallon		
Print Name* (Authorized Representative) Signature* (Authorized Representative)								
Telephone #:				Date*:				

BUSINESS OWNER/ACCOUNT PRINCIPAL - 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 Boxes)		Social Security #	Date of Birth	
City	State	Zip		Home Phone #	Cell Phone #

Please list your current telematics provider:

If you do not have a telematics or fleet tracking solution provider, are you interested in hearing more about our solutions?

Yes 🗌 No

OFFICE USE ONLY

Market:	Rep ID:	Rep Name:	ATS Code (last 4 digits):
¹ Standard Week	dy product requires rec	eiving statements and making paymen	ts electronically via the Meineke Fleet Solutions MasterCard [®] on-line system.
* REQUIRED FI	FID		

MasterCard® is a registered trademark of MasterCard International Incorporated. The Meineke Fleet Solutions MasterCard® is issued by Regions Bank, pursuant to a license by MasterCard International Incorporated. MasterCard®



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COMPANY NAME:

FLEET CONTACT:

1. DRIVER/VEHICLE CARD SETUP	Card Access (Select One)			
Required for each card requested. Cards may be assigned to a person or a vehicle. Enter an employee's name or a vehicle description. The first word in a Vehicle Description must be "VEHICLE".			nance	nd nance
Description (limit to 24 characters for Driver Cards; 15 characters for Vehicle Cards)	Vehicle/Employee Number	Fuel Only	Maintenance Only	Fuel and Maintenance Only
Ex: <u>VEHICLE _ FORD _ F150 _ 143</u>	<u>578400</u>		\square	
1				
2				
3				
4				
5				
6				
7				
8				

2. ID/PIN SETUP			Fueling POS ID/PIN						
Enter the Driver name or Vehicle description which will appear in reporting. ID/PINs are required for all cards. IDs are POOLED to use with multiple cards. Vehicle Cards prompt for Driver IDs and Driver Cards prompt for Vehicle IDs.	User must enter the ID/PIN and odometer reading at time of purchase. Vehicle IDs are entered with Driver Cards. Driver IDs with Vehicle Cards.			nase. iver					
Description (limit to 24 characters)			(4 - 6 digits, cannot begin with "0")						
EX: <u>ROBERT</u> <u>BRANDE</u> S	8	7	6	5	4	4			
1									
2									
3									
4									
5									
6									
7									
8									