



**Universal Platinum MasterCard®**  
Fax completed application to 866-435-3795



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 Charges/Spending (\$)*		Estimated Monthly Gallons*
Company Billing Street Address 1 (If Different Than Card Delivery Address)			# of Vehicles*	# of Drivers	# of Cards Needed
Company Billing Street Address 2			Federal Tax ID #*		
City	State	ZIP	Statement Delivery Method: <input type="checkbox"/> Electronic <input type="checkbox"/> Paper		
Email Address*:					
Type of Organization*: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Government <input type="checkbox"/> LLC <input type="checkbox"/> 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 Universal Platinum 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 Universal Platinum 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 Universal Platinum card(s), which terms and conditions will accompany the card(s) if this application is approved (“Card Terms”). Customer’s accepting, signing, or using any Universal Platinum 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 Universal Platinum cards provided to Customer and all use of 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, except as provided by applicable law and the Card Terms. Customer also agrees that Customer will exclusively use the Universal Platinum card(s) for commercial purposes and understands that Customer’s card(s) may be canceled if Customer uses them for personal, family or household purposes. In the event 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 expenses. By signing below, Customer confirms that everything it has stated in this application is correct and that the signing authorized representative is duly authorized to enter this relationship on behalf of Customer. We comply with Section 326 of the USA Patriot Act. This law mandates that we verify certain information about you while processing your account application.

<b>Universal Platinum MasterCard® Program Terms &amp; Fees:</b>				Account Type: <b>Non-Revolving. Paid in Full.</b>	
	<u>Billing Cycle</u>	<u>Days to Pay</u>	<u>Payment Method</u>	<u>Fees</u>	<u>In Network Savings</u>
<input type="checkbox"/> Daily EFT	Daily	1	EFT	None	Up to 3¢ per gallon
<input type="checkbox"/> Weekly EFT	Weekly	1	EFT	None	Up to 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 #	

**\*\*OFFICE USE ONLY\*\***

Market:	Rep ID:	Rep Name:	Source Code:	WEB FCUSA	ATS Code (last 4 digits):
Deposit Required?	Amount:	Date Requested:	Date Received:		

\* **REQUIRED FIELD**

The Universal Platinum MasterCard® is issued by Regions Bank pursuant to a license by MasterCard International Incorporated. MasterCard and the MasterCard Brand Mark are registered trademarks of MasterCard International Incorporated.

# FleetCor Electronic Funds Transfer Enrollment Form

To enroll in FleetCor's electronic funds transfer (EFT) payment service, please provide us with the following information and enclose your blank, voided check for the account which FleetCor will withdraw your payments.

## Account Information

\_\_\_\_\_  
Fleet Account Number (ATS ID or Account Number)

\_\_\_\_\_  
Fleet Card Product

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Business Phone Number

\_\_\_\_\_  
Billing Address

\_\_\_\_\_  
City/State/ZIP Code

## Enrollment Information

**Note: We cannot obtain acceptable banking information from deposit slips.**

### Depository Account Information

Account Type:  Commercial Checking  Commercial Savings  Other: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Name on Account: \_\_\_\_\_

ABA Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

## Signature

I hereby authorize and request FleetCor Technologies Operating Company, LLC, "FleetCor" to electronically withdraw funds, multiple withdraw attempts in the event of insufficient funds, and to initiate, if necessary, adjustments for any entries made in error, to the account as indicated above. I also represent that the cited account has been set up in the name on the account stated above. This authorization will remain in effect until further written notice from me is received by FleetCor and FleetCor has reasonable opportunity to act on it.

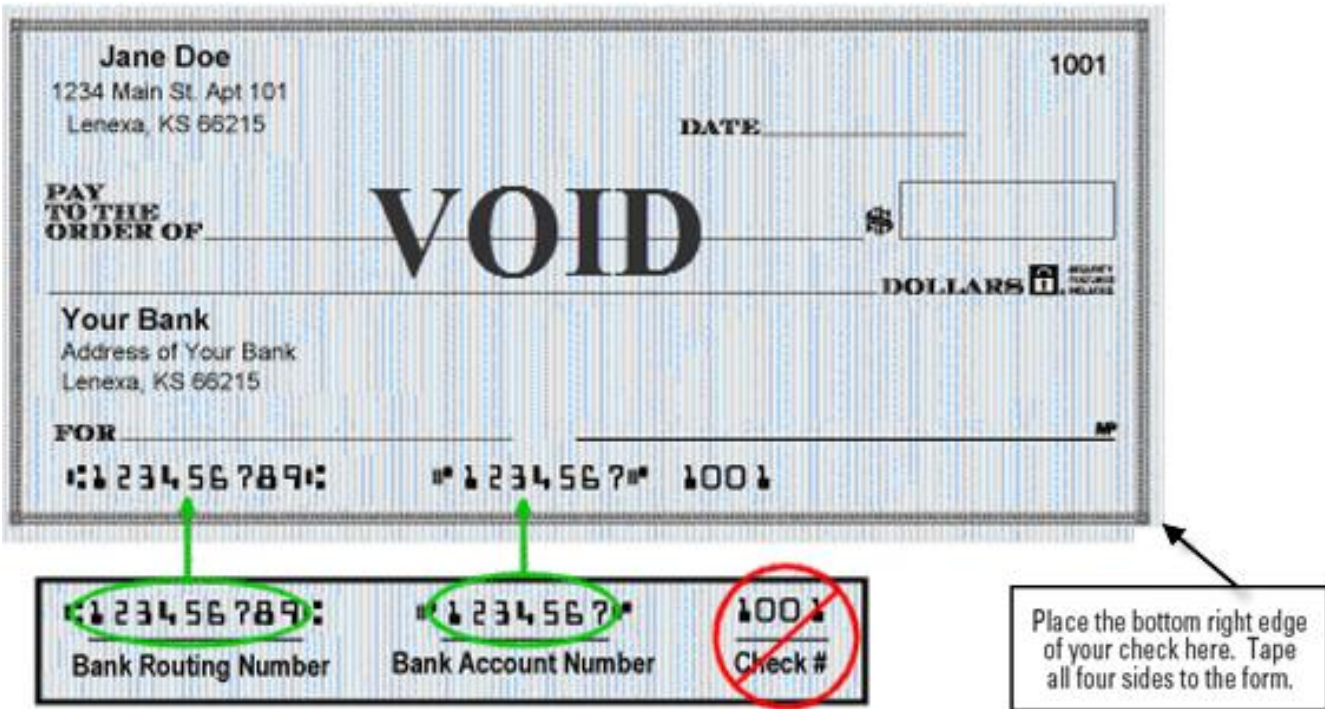
\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signor Name

- New Banking Information:** On a regular basis, withdraw funds based on my standard billing terms until other written instructions are received by FleetCor.
- Updated Banking Information:** On a regular basis, withdraw funds based on my standard billing terms until other written instructions are received by FleetCor.

Please tape your voided check on the copy of this form you are returning to FleetCor. Place your check on the space provided so that the bottom right corners are aligned. This will help you identify the necessary bank information to initiate electronic payments. **Note: If a savings account is being used, you must check with your bank to obtain the correct bank transit routing number and account number for electronic withdraw.**



## Return Instructions

Please scan and return both pages of this form completed to our office.

Please allow 10 days for changes to take place.

Once EFT is set up, you will receive a letter of confirmation from our office.

### Notice of Terms and Conditions

My signature indicates my acceptance of these terms and acknowledges that I am an authorized representative of the Company listed above to provide such approval. FleetCor will debit the above referenced account as I have instructed. If the Depository Institution returns an electronic debit request to FleetCor for any reason, a Service Fee of \$50.00 will be assessed. I further understand that the cardholder privileges may be temporarily suspended (the account locked to further charges) until such time that the debit entry is honored or if other payment arrangements to bring the account to a current payment status are made.