

APPLICATION FOR FLEET CARD ACCOUNT

Fax completed application to 866-435-3795 or email to InboundWebApps@fleetcor.com

BUSINESS INFORMATION	(Required)			
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 No		# of Vehicles	Monthly Fuel Spend
Billing Address (If Different Than Above)			# of Full Time Employee	98
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 behalf of my company identified above ("Applicant"). FleetCor is hereby authorized to check Applicant's credit worthiness, initially as well as from time to time, including but not limited to obtaining credit report(s), contacting the Applicant's bank, and obtaining trade references. Applicant acknowledges that this application is subject 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 delivered along with the cards to the Authorized Representative. Account agreement is available at www.fuelman.com/terms/. 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 acceptance ever meets the established credit line, the account will suspend and the Applicant's redit history may be reported to credit reporting agencies. Applicant's acceptance, signing, in whatever form, or use of any of the cards provided to the Applicant will constitute acceptance of the 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 issued to the company's account				
Title		Date		
Telephone #				
BUSINESS OWNER/ACCOUNT PRINCIPAL				
Principal First Name	Last Name	Middle Initial	Pr	incipal Signature
Principal Street Address (No PO Boxes)		Social Security #	D	ate of Birth
Principal Street Address 2		Home Phone #	-or- C	ell Phone #
City	State	ZIP		

OFFICE USE ONLY

Rep ID: Rep Name: ATS #:

TERMS DEFINITION PRODUCT ☐ DIESEL PLATINUM ☐ DIESEL ADVANTAGE ☐ COMMERCIAL ADVANTAGE ☐ DISCOUNT ADVANTAGE ☐ FUELMAN ADVANTAGE ☐ PUBLIC SECTOR ☐ ON-LINE BILL PAY PAYMENT METHOD: ☐ CHECK **BILLING CYCLE / TERMS** ☐ WEEKLY – NET 7 or NET 10 BIWEEKLY - NET 10 ☐ CALENDAR - NET 10 (includes \$2 per card per month fee) WEEKLY - NET 30 - PUBLIC SECTOR ONLY **Optional Services with your Fleet Card Account** ☐ Business Line of Credit – Up to \$100k Business Line of Credit. Get cash in as little as 7 minutes. (provided by third party) Hotel/Lodging Discounts – Save up to 40% off on lodging expenses ☐ Tax Exempt Reporting and Filing (includes 1% tax filing fee) 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 П № STATEMENT DELIVERY METHOD: ☐ PAPER ☐ ELECTRONIC STATEMENT DELIVERY INFO FLEET MANAGER Name Email Telephone # Fax# ACCOUNTS PAYABLE REPRESENTATIVE Email Name Fax # Telephone # I fully understand and accept the terms of this program. _ Date: __

Fuelman

Market Name: Rep Name: Rep ID:

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