



FUELMAN DISCOUNT 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 FM

Form with fields: 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?, # 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 behalf of my company identified above ("Applicant").

I Agree to the Terms of this Application (Please check box)

Form with fields: 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.

Form with fields: 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 #, Cell Phone #, City, State, ZIP

OFFICE USE ONLY

Market: Rep ID: Rep Name:

ATS #: V_FDA_9.20.12



TERMS DEFINITION

PRODUCT DISCOUNT 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

Name	Email
Telephone #	Fax #

Standard Fuelman terms and conditions apply.

I fully understand and accept the terms of this program.

Name: _____ Title: _____

Signature: _____ Date: _____

****OFFICE USE ONLY****

Market Name:
 Rep Name:
 Rep ID:
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