



Universal Premium FleetCard MasterCard®

Fax completed application to (301) 560-5455

Or scan and email to: orders@petrocon.org

Or mail to: P.O. Box 410, Frederick, MD 21705-0410



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 Premium FleetCard 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 Premium FleetCard 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 Premium FleetCard 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 Premium FleetCard 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 Premium FleetCard 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 Premium FleetCard 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.

Universal Premium FleetCard MasterCard® Program Terms & Fees:				Account Type: Non-Revolving. Paid in Full.			
<input type="checkbox"/>	Standard Monthly	Monthly	14	Check / Electronic Payment	\$1.00 per card	Up to 3¢ per gallon	3¢ per gallon
<input type="checkbox"/>	No Fee Monthly	Monthly	14	Check / Electronic Payment	None	None	3¢ per gallon
<input type="checkbox"/>	Standard Semi-Mo.	Semi-Monthly	12	Check / Electronic Payment	None	Up to 3¢ per gallon	3¢ per gallon
If you do not qualify for the products above after a Credit review, you may be offered:							
<input type="checkbox"/>	Standard Weekly ¹	Weekly	7	Electronic Payment	None	Up to 3¢ per gallon	3¢ per gallon
<input type="checkbox"/>	Prepaid ¹	Weekly	7	Pre-Funded + Electronic Payment	None	None	3¢ per gallon
<input type="checkbox"/>	Prepaid ¹	Weekly	7	Pre-Funded + Electronic Payment	\$1.00 per card	Up to 3¢ per gallon	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:	ATS Code (last 4 digits):	
Deposit Required?	Amount:	Date Requested:	Date Received:		

¹ Standard Weekly and Prepaid products require receiving statements and making payments electronically via the Universal Premium FleetCard on-line bill pay.

* **REQUIRED FIELD**

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