



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



Form with fields for Legal Company Name, Primary Fleet Contact, Card Delivery Address, City/State/ZIP, Company Billing Address, and Type of Organization.

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...

Universal Premium FleetCard MasterCard® Program Terms & Fees table with columns for Billing Cycle, Days to Pay, Payment Method, Fees, Pricing Rebates, and In Network Savings. Includes checkboxes for Standard Monthly, No Fee Monthly, Standard Semi-Mo., Standard Weekly, Prepaid, and Prepaid options.

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.

Form for Principal information including fields for Principal First Name, Middle Initial, Last Name, Signature (Principal), Guarantor Street Address, Social Security #, Date of Birth, City, State, Zip, Home Phone #, and Cell Phone #.

OFFICE USE ONLY

Form for Office Use Only with fields for Market, Rep ID, Rep Name, Source Code, ATS Code (last 4 digits), Deposit Required?, Amount, Date Requested, and 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

MasterCard® is a registered trademark of MasterCard International Incorporated. The Universal Premium FleetCard MasterCard® is issued by Regions Bank, pursuant to a license by MasterCard International Incorporated. MasterCard®