

SuperFleet Mastercard Program Application for ABC of IN/KY

FAX Application to: 760-918-5932

For more information contact Holden Moll at 760-918-5933 or holden.moll@fleetcor.com



Section A: BUSINESS INFORMATION - PLEASE TELL US ABOUT YOUR BUSINESS

Business Legal Name / DBA
Federal Tax ID (required)
Business Name Printed on Cards
Fax Number
Years under current ownership¹ \$ / Month
Estimated Monthly Fuel Usage (Dollars)
Number of Full Time Employees¹

Business Structure/Type¹

Corporation	<input type="checkbox"/>	Proprietorship	<input type="checkbox"/>	Non Profit	<input type="checkbox"/>
Government	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Other	<input type="checkbox"/>
LLP	<input type="checkbox"/>	LLC	<input type="checkbox"/>		

¹ See Section E

Main Business Address Line 1 (No P.O. Boxes)
This is where your cards will be shipped Motor Fuel Tax Exemption*
Check if your business is exempt from motor fuel tax
*Please attach state tax exemption certificate.
Main Business Address Line 2 (No P.O. Boxes)
Main Business Address City
State
Zip
Billing Address (if different from Main Business Address)
Billing Address City
State
Zip

Section B: CONTACT INFORMATION - PLEASE TELL US ABOUT YOURSELF

Business Owner/Key Executive **First** Name
Business Owner/Key Executive **Last** Name
Main Business Phone
Cell Phone/Secondary Number
Billing Contact **First** Name
(if different from Business Owner/Key Executive)
Billing Contact **Last** Name
Billing Contact's Phone Number
Cell Phone/Secondary Number
Choose security password, required to discuss your account with Customer Service (Must be 5 numeric characters)
E-mail Address for Online Statements and Reports

How would you like to receive your statement? (check one)

Online/Email

Paper

Section C: FINANCIAL/REFERENCE INFORMATION - PLEASE TELL US ABOUT YOUR BUSINESS BANKING AND REFERENCES

Primary Bank Reference (required)
Bank Account Number (required)
Bank Phone Number
Current Fuel Purchasing Method

Sales Representative Name/ID Holden F Moll

Merchant ID

Employee ID

Internal Use

Section D: AUTHORIZED SIGNATURE - REQUIRED

Please Read Carefully: FleetCor Technologies Operating Company, LLC ("FleetCor") operates the SuperFleet Mastercard product. 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 SuperFleet Mastercard 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 SuperFleet Mastercard 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 SuperFleet Mastercard 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 SuperFleet Mastercard 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 SuperFleet Mastercard 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.

Print Name and Title (Authorized Representative) Signature (Authorized Representative) Date (MM/DD/YYYY)

Section E: BUSINESS OWNER/ACCOUNT PRINCIPAL - REQUIRED
 Required for all Sole Proprietorships and Partnerships or any other business/organizations less than 2 years old or having fewer than 5 employees. In cases where there are more than one company Principal, only one is required to complete

All fields below required.

Print Name (Principal) Signature (Principal) Date of Birth (MM/DD/YYYY)
 Principal Street Address City State Zip
 Social Security # (required) Home Phone Number Cell Phone Number

Section F: CARD SET UP INFORMATION - PLEASE TELL US HOW YOU WOULD LIKE YOUR CARDS SET UP

1. Card Information

Number of Cards

2. Information on each card - Required

Card Number	Card Description to be embossed on the card (Example: Ford 150, Joe Smith)	Requested Card Restrictions (Enter option below) 1-Fuel Locations Only 2-Fuel and Maintenance Locations 3-Maintenance Locations Only
1		
2		
3		
4		
5		

If you want more than 5 cards, add an additional sheet or call 1-760-918-5933.

3. Please fill out this section about your drivers. If you would like to choose Driver ID's for your Drivers, include in the 2nd column for each

Driver Name	Driver ID Number Do not start with "0" or use the same number such as 1111, 2222. Must be 5 digits.

All cards will require drivers to enter Driver ID and an odometer reading.

Sales Representative Name/ID Merchant ID Employee ID Internal Use