

APPLICATION FOR FLEET CARD ACCOUNT



Please send the application to:

SELECT CARD: ☐ Easy Saver ☐ Pick a Stop

Legal Company Name			Type of Business		
Subsidiary or DBA			Years in Business Under Current Owner		
Street Address / Shipping Address (No PO Boxes)			Main Phone #		
Street Address 2			Cell Phone #		
City	State	ZIP	Federal ID #	Tax Exempt #	
Billing Address (If Different Than Above)			Monthly Fuel Spend	Monthly Gallons	
Billing Address 2			# of Full Time Employees		
City	State	ZIP	Security Code (5 digit)		
ACCOUNTS PAYABLE CONTACT					
Name		Email	Cell Phone #		
FLEET CONTACT (if different from above)					
Name		Email	Cell Phone #		

Type of Organization: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Non-Profit ☐ Government ☐ LLC ☐ LLP

The McPherson Companies, Inc. ("McPherson") operates the FUELZ Fleet Card program (the "Program"). By signing this Application, I represent and certify that I am duly authorized to act for the company identified above ("Applicant") in all respects concerning this Application and any FUELZ Fleet Card account ("Account") established for the company. McPherson is hereby authorized to investigate and to obtain and exchange information regarding Applicant's creditworthiness, 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 McPherson. If this Application is approved, the Applicant's Authorized Representative (identified below) will be notified of the Account's available credit limit, the applicable payment terms & methods, and related program fees. Program details will be contained in the client agreement to be delivered to the Authorized Representative, along with the Program cards. Applicant acknowledges that the 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 Account's unpaid balance ever meets the established credit line, the Account will be suspended and the Applicant's credit history may be reported to credit reporting agencies. Applicant's initial use of any of the Program cards shall constitute acceptance of the terms and conditions contained in this Application and the client agreement for the Program. Applicant agrees that any liability arising or resulting from the misuse, unauthorized or fraudulent use, loss or theft of any of the Program cards issued to the company's Account shall be fully borne, assumed and paid by the Applicant. If McPherson uses an attorney and/or collection agency to collect an unpaid past due amount on the Account, the Applicant agrees to pay McPherson all of its costs and expenses, including attorney's fees and other legal costs, incurred by McPherson, whether or not a lawsuit is brought. Applicant agrees the Account will be governed by Alabama law and that the Program cards are for business/commercial use only and are never to be used for personal or household purposes. Applicant further agrees that use of the cards for consumer or household purposes shall be grounds for immediate termination of the Account.

By signing below, the company's Authorized Representative acknowledges and agrees to the terms and conditions set forth in this Application.

Fuelz Billing Cycles & Card Service Fees:			Account Type: Non Revolving, Paid in Full			
	<u>Billing Cycle</u>	<u>Days to Pay (Up to)</u>	<u>Payment Method</u>			<u>Card Service Fees</u>
<input type="checkbox"/> Standard Monthly	Monthly	7	<input type="checkbox"/> Online Bill Pay	<input type="checkbox"/> Check	<input type="checkbox"/> EFT	\$2.00 per card per month
<input type="checkbox"/> Standard Semi-Mo.	Bi-Weekly	7	<input type="checkbox"/> Online Bill Pay	<input type="checkbox"/> Check	<input type="checkbox"/> EFT	None
<input type="checkbox"/> Standard Weekly	Weekly	4	<input type="checkbox"/> Online Bill Pay	<input type="checkbox"/> Check	<input type="checkbox"/> EFT	None
Print Name (Authorized Representative)			Signature (Authorized Representative)			
Title	Telephone #	Email Address	Date			

BUSINESS OWNER/ACCOUNT GUARANTY AGREEMENT Required for all Proprietorships, Partnerships or any other business/organization less than two years old or having fewer than five (5) employees.

Each guarantor ("Guarantor") absolutely, unconditionally, and irrevocably guarantees the full payment and performance of all present and future obligations, liabilities, covenants, and agreements to be performed, paid, and/or reimbursed by Applicant arising under or relating to the Program Account. Guarantor agrees that his or her individual obligations under this Agreement are irrevocable, continuing, absolute and unconditional. Guarantor is responsible under this Agreement for the payment of all amounts due on the Account arising from use of the Program cards issued on the Account to the fullest extent permitted by law. Guarantor authorizes McPherson to obtain credit reports and other information about Guarantor's financial condition. By signing below, Guarantor agrees to and accepts the terms of this Agreement as well as the terms and conditions agreed to and accepted by the Authorized Representative above.

Principal's First Name		Last Name		Middle Initial		Principal's Signature	
Guarantor Street Address (No PO Boxes)				Social Security #		Date of Birth	
Guarantor Street Address 2				Email Address		-or-	Cell Phone #
City	State	ZIP					