



FLEETISTICS FUEL CARD APPLICATION

Program Fees: \$40 one time setup fee, \$2 per card, per month

Tell us about your business

Legal Name of Business _____

Business Physical Address _____

City _____ State _____ Zip _____

Tax Payer Identification # _____ Company Phone # _____ Company Fax # _____

Legal Structure(Corp, Partnership, LLC, Proprietorship, Gov, PC or PA) _____ # of vehicles _____

Years in Business _____ Average Monthly Fuel Exp. \$ _____

Billing Contact Information

Billing Contact First Name _____ Billing Contact Last Name _____

Billing Contact Phone # _____

Billing Address _____

City _____ State _____ Zip _____

Authorization

By signing below, I represent and warrant that I am authorized to bind the Company to the terms & conditions of this offer and the Business Card Agreement, which is available upon request. I further acknowledge that I have read and agree to the Summary of Key Terms enclosed.

X _____

Authorized Officer Signature _____ Date _____

Print Name _____ Email _____

Title of Applicant:

President Vice President Treasurer Owner Partner

Tell us about yourself

Required if this account is for a business incorporated less than three years, a proprietorship, a professional corporation, or a limited liability company.

First Name _____ Last Name _____

Residential Address _____

City _____ State _____ Zip _____

Social Security # _____ Date of Birth _____

Home Phone # _____ Email Address _____

I understand and acknowledge that by signing below, both the Company and I will be jointly and severally liable for all amounts owing on this account.

X _____

Signature _____

Print Name _____ Date _____

Card Issuer is WEX Bank, member FDIC.

All fields are required.

Call your account manager at **877-467-0326** or tech support at **855-671-5013** for more information on the Fleetistics Fuel Card program.

To apply, return to your account manager or FAX to **813-991-7765**.

Request tax exempt status forms



Sales Code	Plastic	Coupon Code	Acct. #
	DISU	HFB	0496

Opportunity #:

FOR OFFICE USE ONLY:

SUMMARY OF KEY TERMS

Credit Disclosure: By submitting this application, Company requests a business charge account and if approved for credit, one or more business charge cards for use by Company and its employees. The Card Issuer is WEX BANK. Company agrees to the terms and conditions set forth in the Business Charge Account Agreement provided with this application and/or provided with the card(s). Use of any card issued pursuant to this application confirms Company agreement to said terms and conditions. In the event that this application is denied based upon information contained in a consumer credit report used to evaluate credit, Issuer is authorized to report the reason for the denial to the Company. Direct inquiries of businesses where the undersigned maintains accounts may also be made. If requested, Company agrees to provide company financial statements, including at minimum, a Balance Sheet and Income Statement for the last two years upon request. **Joint and Several Liability:** If required, and if Bank issues card(s) to Company, both the Company and I am jointly and severally liable with the Company for all charges to the account established pursuant to this application. This is a guaranty of payment and not merely of collection. You agree to pay upon demand any amount owed by Company due under the Business Charge Account Agreement.

I understand that I am applying for commercial credit on behalf of the business. I authorize Issuer to obtain credit bureau reports, both personal (if required) and in the name of the Company, that may be used when considering this application for credit and any other information about me in connection with: 1) extensions of credit on this account; 2) the administration, review or collection of this account. I agree that I may be contacted at any of the numbers that I have provided. In the event that the account is not paid as agreed, Issuer may report my liability (both personally and for the Company) to credit bureaus or others that may lawfully receive such information.

Federal Compliance: Issuer complies with Federal Law which requires all financial institutions to obtain, verify and record information that identifies each company or person who opens an account. What this means for you: when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents for your business.

Certification of Beneficial Ownership

I. GENERAL INSTRUCTIONS

What is this form?

Federal regulations now require **all banks** to verify the ownership of certain business types when they open a new account.

You will be asked to identify any beneficial owners of this business, plus one person with significant managing control. The required information includes Name, Address, Date of Birth, and Social Security Number (or Passport Number, in the case of foreign persons). The Bank may also ask to see a copy of a driver's license or other identifying document for each person listed on this form.

To learn more about this requirement: Visit wexinc.com/beneficial-ownership

To submit this information: Please return this completed form with your business application.

II. ACCOUNT OPEN INFORMATION

The person opening an account on behalf of this business must provide the following information:

Name of Person Opening Account

Title

Business Name

Physical Address of Business (No P.O. Boxes)

Legal Structure

If your legal structure is exempt (see list on right), check "Exempt" below and skip Sections III, IV and V.

Exempt

III. BENEFICIAL OWNERS

Identify **up to four** beneficial owners of this business, or individuals (if any) who own 25 percent or more of the equity interests. **If no individuals meet this definition, check "Beneficial Owner Not Applicable" below and skip this section.**

Beneficial Owner Not Applicable

All fields are required for each beneficial owner, except as noted below:

- **For persons with a Social Security Number (SSN):** Provide the SSN and leave Passport/Other Government ID # and Issuing Country blank.
- **For foreign persons without a SSN:** Leave SSN blank and provide a Passport Number (or Other Government ID #) and the Issuing Country.

Which businesses have to provide this information?

Required

The following legal entities must provide the requested information:

- Corporations
- Limited Liability Companies
- Partnerships
- Any other similar business entities formed in the United States or a foreign country.

Exempt

The following legal entities are exempt from this requirement:

- Non-Statutory Trust
- Bank/Bank Holding Co/Credit Union
- Federal/State/Local Government Agency or Authority
- Public Company and Majority Owned Affiliate
- Investment Company/Adviser
- Public Accounting Firm
- Insurance Company
- Non-Profits (Must identify a person with control. See Section IV)

NOTE: The following do not meet the definition of legal entity, and are not required to submit this form:

- *Natural Person*
- *Sole Proprietorship*
- *Unincorporated Association*

The info provided on this form is for validation or consumer verification only. It will not affect personal credit or imply liability.

Beneficial Owner 1

First Name

Residential Address (no P.O. Boxes)

Last Name

Address Line 2 (optional)

Date of Birth (mm/dd/yyyy)

City

Social Security #

State/Province

Passport/Other Government ID #

Country of Residence

Issuing Country

Postal Code

Beneficial Owner 2

First Name

Residential Address (no P.O. Boxes)

Last Name

Address Line 2 (optional)

Date of Birth (mm/dd/yyyy)

City

Social Security #

State/Province

Passport/Other Government ID #

Country of Residence

Issuing Country

Postal Code

Beneficial Owner 3

First Name

Residential Address (no P.O. Boxes)

Last Name

Address Line 2 (optional)

Date of Birth (mm/dd/yyyy)

City

Social Security #

State/Province

Passport/Other Government ID #

Country of Residence

Issuing Country

Postal Code

Beneficial Owner 4

_____ First Name	_____ Residential Address (no P.O. Boxes)
_____ Last Name	_____ Address Line 2 (optional)
_____ Date of Birth (mm/dd/yyyy)	_____ City
_____ Social Security #	_____ State/Province
_____ Passport/Other Government ID #	_____ Country of Residence
_____ Issuing Country	_____ Postal Code

IV. PERSON WITH CONTROL

Identify one individual with significant responsibility for managing this business — for example, an executive officer, senior manager, or any other person who regularly performs similar functions. If appropriate, an individual listed as beneficial owner above must also be listed in this section. **If no beneficial owners are listed above, this information is still required.**

_____ First Name	_____ Residential Address (no P.O. Boxes)
_____ Last Name	_____ Address Line 2 (optional)
_____ Title	_____ City
_____ Date of Birth (mm/dd/yyyy)	_____ State/Province
_____ Social Security #	_____ Country of Residence
_____ Passport/Other Government ID #	_____ Postal Code
_____ Issuing Country	

V. CERTIFIED/AGREED TO

I, _____, hereby certify, to the best of my knowledge,
Print Name
that the information provided above is complete and correct.

_____ Signature	_____ Date
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