



APPLICATION FOR FLEET CARD ACCOUNT

BUSINESS INFORMATION (Required)

**Fax Completed Application to: 205-661-4598
or Email Completed Application to fuelzsales@mcphersonoil.com**

Legal Company Name	Type of Business	Years in Business Under Current Owner
Subsidiary or DBA	Main Phone #	
Street Address (No PO Boxes)	Cell Phone #	
Street Address 2	Fax #	
City State ZIP	Federal ID #	Tax Exempt #
Is Billing Address Different than Business Address? Yes <input type="checkbox"/> No <input type="checkbox"/>	# of Vehicles	Monthly Fuel Spend (largest month)
Billing Address (If Different Than Above)	# of Full Time Employees	
Billing Address 2	Security Code (5 digit)	
City State ZIP	Email Address	
First Name Last Name	Title	

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

AUTHORIZED SIGNATURE Required *(Representative acknowledges receiving fuel pricing and payment terms)* Initial Here _____

The McPherson Companies, Inc., ("McPherson") operates the FUELZ Fleet Card program. By signing this application, I represent and warrant that I am duly authorized to request that a FUELZ Fleet Card account be created on behalf of my company identified above ("Applicant"). McPherson is hereby authorized to check Applicant's credit worthiness, 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, then the Applicant's Authorized Representative listed above will be notified of the account's available credit limit, the acceptable payment terms & method, and any applicable program fees. Program details will be provided in the client agreement that will be delivered along with the cards to the Authorized Representative. Applicant acknowledges that the fleet card 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 Applicant's unpaid balance ever meets the established credit line, the account will suspend and the Applicant's credit history may be reported to credit reporting agencies. Applicant's acceptance, signing, in whatever form, or use of any of the cards provided to the Applicant will constitute acceptance of the terms and conditions contained in this application and the account agreement. Applicant agrees that any liability arising or resulting from the misuse, unauthorized or fraudulent use, loss or theft of any of the cards issued to the company's account shall be fully borne, assumed and paid by the Applicant. If McPherson uses an attorney or collection agency to collect an unpaid overdue amount, the Applicant agrees to pay reasonable attorney and/or collection fees. Applicant agrees that the account will be governed by Alabama law and that the cards are for business/commercial use only and never used for personal or household purposes and agrees that use of the cards for consumer or household purposes shall be grounds for immediate termination of the Applicant's account. We comply with Section 326 of the USA PATRIOT Act. This law mandates that McPherson verify certain information about you while processing your account application.

I Agree to the Terms of this Application (Please check box)

Print Name (Authorized Representative)	Signature (Authorized Representative)
Title	Date
Telephone #	

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

Each principal ("Principal") for this Account, if any, is personally and unconditionally, jointly and severally liable with Applicant, 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 Agreement. Principal is responsible under this Agreement 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.

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

****OFFICE USE ONLY****

Market: Rep ID: Rep Name:
ATS #:



TERMS DEFINITION

BILLING CYCLE: WEEKLY BIWEEKLY MONTHLY (\$2 card fee applies)

TERMS - NET 4 - NET 7 - NET 10 - NET 14

EXTENDED TERMS FEE: NET 21 @ 1% NET 30 @ 1.5%

PAYMENT METHOD: CHECK EFT - Free PAYCLIX ON-LINE BILL PAY

Product: DIESEL ADVANTAGE
 FUELZ RETAIL
 PUBLIC SECTOR

OPTIONAL REPORTS: \$10 charge per report

- CUSTOMER TAX MANAGEMENT REPORT (IFTA) EMP MANAGEMENT REPORT
- FEDERAL GASOLINE EXCISE TAX REPORT FLEET ANALYSIS REPORT
- FEDERAL DIESEL EXCISE TAX REPORT FLEET ANALYSIS REPORT
- FLEET FUEL MANAGEMENT REPORT

REPORT DELIVERY METHOD: MAIL - \$9.95 FAX - \$4.95 EMAIL WEB

REPORT/STATEMENT DELIVERY INFO

FLEET MANAGER

Name	Email
Telephone #	Fax #

ACCOUNTS PAYABLE REPRESENTATIVE

Name	Email
Telephone #	Fax #

****OFFICE USE ONLY****

Market Name:
Rep Name:
Rep ID:

Additional Credit Information



ORGANIZATIONAL FORM

If **Corporation**, name of principal shareholder: _____ Percentage: _____

Address: _____ Phone # (____) _____
Address City State Zip Code

If **Partnership**, name(s) of General Partner(s): *** Please use the reverse side for additional names ***

Name(s): _____ Percentage: _____

Address: _____ Phone # (____) _____
Address City State Zip Code

Name(s): _____ Percentage: _____

Address: _____ Phone # (____) _____
Address City State Zip Code

Name(s): _____ Percentage: _____

Address: _____ Phone # (____) _____
Address City State Zip Code

If Company is a **division, or affiliate** of any other company, list the parent company's name:

Name: _____ Contact: _____

Address: _____ Phone # (____) _____
Address City State Zip Code

PRINCIPAL BANK: _____ Name on Account: _____

Account Number: _____ Contact: _____ Phone # (____) _____

Address: _____ Fax # (____) _____
Address City State Zip Code

TRADE REFERENCES

1. Oil/Fuel Supplier: _____ Phone #: (____) _____

Address: _____ Fax # (____) _____
Address City State Zip Code

2. Supplier: _____ Phone #: (____) _____

Address: _____ Fax # (____) _____
Address City State Zip Code

3. Supplier: _____ Phone #: (____) _____

Address: _____ Fax # (____) _____
Address City State Zip Code

4. Supplier: _____ Phone #: (____) _____

Address: _____ Fax # (____) _____
Address City State Zip Code