

ARCO Business Solutions Application **Facility 6566301**

FAX Application to: 1-800-348-7960 or
 Mail to: ARCO Business Solutions, PO Box 923928, Norcross, GA 30010

For more information call: 1-800-348-7959

CARD PRODUCT SECTION - PLEASE SELECT A CARD PRODUCT

1 Please process this application for the ARCO Business Solutions Fuel Card.

All fields must be completed to ensure timely processing. PLEASE PRINT, USING BLACK INK.

BUSINESS INFORMATION - PLEASE TELL US ABOUT YOUR BUSINESS

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Business Legal Name		Federal Tax ID or SSN	
\$ Credit Limit Requested	Fax Number	Business Structure/Type <input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Non-Profit* <input type="checkbox"/> Government <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Partnership	
Physical Address Line 1		Years under current ownership	
Physical Address Line 2		\$ Sales Volume (Annual)	
Physical Address City	State	Zip	
Mailing Address Line 1 (if different from physical address)			
Mailing Address City		State Zip	

CONTACT INFORMATION - PLEASE TELL US ABOUT YOURSELF

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Main Business Phone	E-mail Address For Online Statements and Reports		
Key Executive Title	Key Executive First Name	Key Executive Last Name	
Billing Contact's First Name	Billing Contact's Last Name	Billing Contact's Phone Number ext.	
Cell Phone/Secondary Number	Choose security password to be used for Account Access (minimum of four characters).		

How would you like to receive your statement? (check one) Online Paper*
 *A fee may apply.

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

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Bank Reference (Primary)	Bank Phone Number	Bank Account Number
Trade Reference Name	Trade Reference Phone Number	Trade Reference Fax Number
Current Fuel Supplier	Account Number	Fuel Supplier Phone Number

SIGNATURE - PLEASE SIGN AND DATE

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Please Read Carefully: Comdata Network, Inc. ("Comdata") and FleetCor Technologies, Inc. ("FleetCor") operate the ARCO Business Solutions card products, and this application is made to FleetCor and Comdata. 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 ARCO Business Solutions card(s). Customer acknowledges that this application is subject to approval and acceptance of Customer by FleetCor. If this application is approved, then Customer will be notified of its available credit limit, and Customer will not allow its unpaid account balance to exceed its credit limit. Customer agrees that Tennessee law governs the terms and conditions of the ARCO Business Solutions card(s), which terms and conditions will accompany the card(s) if this application is approved. Customer's accepting, signing, or using any ARCO Business Solutions card(s) will constitute Customer's acceptance of those terms and conditions including, without limitation, Customer's unconditional obligation to pay Comdata for all use of ARCO Business Solutions' cards provided to Customer and all use of Customer's account each billing cycle, as well as all 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. Customer also agrees that Customer will exclusively use the ARCO Business Solutions card(s) for commercial purposes and understands that Comdata may cancel Customer's card(s) if Customer uses them for non-commercial purposes. If Comdata or FleetCor must use an attorney or collection agency to collect any overdue amount from Customer, then Customer agrees to pay reasonable attorney fees and costs of collection incurred by FleetCor or Comdata. By signing below, Customer confirms that everything it has stated in this application is correct to the best of Customer's knowledge and that the signing authorized representative is duly authorized to enter this relationship on behalf of Customer.

Print Name (Authorized Representative)	X Signature (Authorized Representative)	Date
Internal Use	Internal Use	Internal Use

Business Name: _____

CARD SET-UP INFORMATION – PLEASE TELL US HOW YOU WOULD LIKE YOUR CARDS SET UP

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1. Provide Number of Vehicles and Cards

<input type="text"/> <input type="text"/> Number of Cards	<input type="text"/> <input type="text"/> Number of Vehicles
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2. Vehicle Information:

Please complete the following for each vehicle. (Please print legibly).

Vehicle Number (5 digits max)	Vehicle Description (25 characters max)
0 0 0 0 1	9 8 F O R D
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

If you would like to set daily or monthly limits (gallons), please contact customer service after your cards are issued.

3. Driver Information:

Please indicate no more than 10 characters for First Name and 25 characters for Last Name. (Please print legibly).

First Name	Last Name
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

SIGNATURE – PLEASE SIGN AND DATE