

FASTRAC ACCOUNT APPLICATION

1) The undersigned applicant/buyer ("Applicant") represents that the information given in this application is complete and accurate and authorizes Card Issuer to check with credit reporting agencies, credit references and other sources disclosed to confirm information given; 2) Applicant requests a business charge account, if approved for credit, and one or more business charge cards from the card issuer, which is Wright Express® Financial Services Corporation ("Card Issuer"); 3) Applicant agrees to the terms and conditions set forth in the Business Charge Account Agreement provided with this application and/or provided with the business charge card(s). Use of any card issued pursuant to this application confirms Applicant's agreement to said terms and conditions; 4) If this Account is for a partnership or a proprietorship, a partner or principal must sign this application and the undersigned's personal credit will be used in making a credit decision and they hereby authorize Card Issuer to obtain a consumer report. In the event that this application is denied based upon information contained in a consumer credit report of the undersigned, they authorize the Card Issuer to report the reason for the denial to the Applicant. Direct inquiries of businesses where the undersigned maintains accounts may also be made; 5) Applicant agrees that in the event the account is not paid as agreed, Card Issuer may report the undersigned's liability for and the status of the account to credit bureaus and others who may lawfully receive such information. If you have any questions regarding this application, please call 1-888-387-5680.

BUSINESS CREDIT INFORMATION

Full Legal Company Name of Applicant/Buyer		Phone #	Fax#	
COMPANY NAME TO APPEAR ON CARDS				
<div style="border: 1px solid black; width: 400px; height: 20px; margin: 0 auto;"></div>				
Limit of 20 characters including spaces. Write company name as you wish it to appear on your cards. No company name will appear on your cards unless specified above.				
DBA or AKA		Subsidiary of	Applicant's Taxpayer ID # (TIN, FEIN or SSN)	
Headquarters Name, Physical Address and Phone # (Do not include PO Box)			SIC Code or Type of Business	
Billing Contact	Billing Address	City	State	Zip+4
Principal(s)/Authorized Officer(s)			Title(s)	
In Business Since (yyyy)		Year of Incorporation (yyyy)		Fiscal Year Start (mm)
Choose Account Type <input type="checkbox"/> Unrestricted Cards	<input type="checkbox"/> Fuel Only Cards <input type="checkbox"/> Both Types	Monthly Fuel Expenditures \$	Monthly Service Expenditures \$	Number of Vehicles

IMPORTANT: If your estimated monthly vehicle expenditures equal \$6,600 or more, please attach your most recent annual and current financial statements.

Complete this Section Accurately. Select One: Corporation Partnership Proprietorship PC or PA LLC
 If this account is for a company that has been incorporated less than three years, a partnership, a proprietorship, a professional corporation or association, or a limited liability company, complete the personal guaranty on page 2.

BUSINESS BANK

Primary Bank	Address	City	State	Zip+4
Bank Contact Person	Phone #		Commercial Account No.	

DESIGNATION OF CONTACT PERSON/RECIPIENT OF REPORTS

The Authorized Contact is designated to receive all Fleet Services Charge Cards, Vehicle Analysis Reports, and other such information we provide from time to time and to take actions with respect to your account and account access. This is also the person designated by your company to provide all fleet vehicle, driver and other information we may request.

Contact Name	Title	Phone #	Fax #
Mailing Address (if different from billing address)		City	State
Email address			

TAX EXEMPT ELIGIBILITY

Check here if business is exempt from motor fuels tax (sales representative will provide further details)

AUTHORIZATION SIGNATURE REQUIRED

INFORMATION SHARING CLAUSE: Card Issuer or its affiliates may disclose to the other party and merchants who honor the card information disclosed or generated pursuant to this application.

Any person signing on behalf of a business attests that the Applicant is a valid business entity, that, if applicable, the execution of this application has been duly authorized by all necessary action of Applicant's governing body, and that the undersigned is authorized to make this application on Applicant's behalf.

Signature X	Date	Print Name	Title
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Wright Express Fleet Card Program Costs: \$40.00 one-time account setup fee, plus \$2.00 per card, per month.

Instructions: Complete and sign application. To speed processing, fax your application to us at 1-800-374-4568.

FOR OFFICE USE ONLY

Opportunity Number	Sales Code 10200033	Plastic Type AF2W	Coupon Code FTP	Account Number 0453
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Our bank complies with Section 326 of the USA PATRIOT Act.
This law mandates that we verify certain information about you while processing your account application.

**Complete the Personal Guaranty below ONLY if this account is for:
a company that has been incorporated less than three years, a partnership, a proprietorship,
a professional corporation or association, or a limited liability company.**

PERSONAL GUARANTY (SEE ABOVE)

In consideration of Card Issuer financing purchases under the Business Charge Account Agreement (as the same may hereafter be modified, extended or amended, "the Agreement"), the undersigned guarantor ("Guarantor") hereby agrees to unconditionally personally guarantee payment and performance under any account established pursuant to this application, of any obligation of Applicant to Card Issuer or any assignee of Card Issuer, in the event the above Applicant fails to do so. This is a guaranty of payment and not merely of collection. Guarantor agrees to pay, upon demand, any amount owed by Applicant to Card Issuer and due under the Agreement. Card Issuer shall not be required to initiate any action against, nor exhaust any remedies with respect to Applicant or any other guarantor prior to making demand upon Guarantor. Guarantor hereby waives any notices regarding Applicant's account or this guaranty and agrees that this guaranty shall be applicable until the Agreement has terminated and all amounts due have been paid in full. Guarantor agrees that in the event the account is not paid as agreed, Card Issuer may report Guarantor's liability for and the status of the account to credit bureaus and others who may lawfully receive such information. Guarantor hereby agrees that Card Issuer may extend the time for payment and release any other security for the agreement without affecting in any way the obligations of Guarantor. Guarantor waives any and all suretyship defenses. Personal credit of Guarantor will be used in making a credit decision and Guarantor hereby authorizes Card Issuer to obtain a consumer credit report of Guarantor. Direct inquiries of businesses where the undersigned maintains accounts may also be made. In the event this application is denied based upon information in a consumer credit report of Guarantor, Guarantor authorizes the Card Issuer to report the reason for the denial to Applicant.

Guarantor's Signature X	Print Name	Date of Birth	Social Security No.
Address – street, city, state, zip (Do not include PO Box)		Phone #	Date (mmddyy)

FLEET SERVICES CARD

Vehicle & Driver Data

To set up your account we need the vehicle and driver information completed below. If you have any questions, please call 1-888-300-9034.

Vehicle Descriptions

If you have more than 12 vehicles or drivers, please provide the additional descriptions and names on a separate sheet of paper and enclose it with this application.

	Year	Make	Model
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____

Drivers' Names

Drivers may choose their own 4-digit Driver ID #. Please assign # beside name or leave blank if you wish our computer to assign.

1.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check here if you wish cards to be valid for fuel purchases only. (Please note that purchase authority restriction may not be enforced if electronic authorization is inoperative .e.g., during system outage.)