

BP Business Solutions Application

FAX Application to: 1-866-211-3363 or

FORD - 510



Mail to: BP Business Solutions, PO Box 923928, Norcross, GA 30010

CARD PRODUCT

Please process this application for the BP Business Solutions MasterCard® Card.
All field must be completed to ensure timely processing.

BUSINESS INFORMATION - PLEASE TELL US ABOUT YOUR BUSINESS

<input type="text"/> Business Legal Name	<input type="text"/> Federal Tax ID (required) or SSN																			
<input type="text"/> \$ / Month Estimated Monthly Fuel Usage (Dollars)	<input type="text"/> Fax Number	<input type="text"/> Years under current ownership																		
<input type="text"/> Street Address Line 1 (No P.O. Boxes)	Type of Organization (mark with x)																			
<input type="text"/> Street Address Line 2 (No P.O. Boxes)	<table border="1"><tr><td>Corporation</td><td><input type="checkbox"/></td><td>Proprietorship</td><td><input type="checkbox"/></td><td>Non-Profit*</td><td><input type="checkbox"/></td></tr><tr><td>Government</td><td><input type="checkbox"/></td><td>Partnership</td><td><input type="checkbox"/></td><td>LLC</td><td><input type="checkbox"/></td></tr><tr><td>LLP</td><td><input type="checkbox"/></td><td colspan="4">*Please attach state tax exemption certificate (1% service fee).</td></tr></table>		Corporation	<input type="checkbox"/>	Proprietorship	<input type="checkbox"/>	Non-Profit*	<input type="checkbox"/>	Government	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	LLC	<input type="checkbox"/>	LLP	<input type="checkbox"/>	*Please attach state tax exemption certificate (1% service fee).			
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LLP	<input type="checkbox"/>	*Please attach state tax exemption certificate (1% service fee).																		
<input type="text"/> Street Address City	<input type="text"/> State	<input type="text"/> Zip																		
<input type="text"/> Billing Address (if different from Street Address)	<input type="text"/> State	<input type="text"/> Zip																		
<input type="text"/> Billing Address City																				

CONTACT INFORMATION - PLEASE TELL US ABOUT YOURSELF

<input type="text"/> Main Business Phone	<input type="text"/> E-mail Address for Online Statements, Reports and Advanced Card Controls	
<input type="text"/> Billing Contact's First Name	<input type="text"/> Billing Contact's Last Name	
<input type="text"/> Billing Contact's Phone Number	<input type="text"/> Cell Phone/Secondary Number	
<input type="text"/> Choose security password to be used for Account Access (five numeric characters)	<input type="text"/> Type of Business	
How would you like to receive your statement? (check one)	<input type="checkbox"/> Online	<input type="checkbox"/> Paper* <small>*A fee may apply</small>

AUTHORIZED SIGNATURE - REQUIRED

Please Read Carefully: FleetCor Technologies Operating Company, LLC. ("FleetCor") and Comdata Network, Inc. ("Comdata") operate the BP Business Solutions MasterCard card product and FleetCo Technologies Operating Company LLC operates the BP Business Solutions Fuel Card and Fuel Card Plus products. This application is made to FleetCor. 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 BP Business Solutions card(s). Customer acknowledges that this application is subject to approval and acceptance of Customer by FleetCor in Louisiana. 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 Louisiana law governs the terms and conditions of the BP 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 BP Business Solutions card(s) will constitute Customer's acceptance of those terms and conditions including, without limitation, Customer's unconditional obligation to pay for all use of BP Business Solutions' cards provided to Customer and all use of Customer's account each billing cycle, as well as all interest, 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 BP Business Solutions card(s) for commercial purposes and understands that Customer's card(s) may be canceled if Customer uses them for non-commercial purposes. In the event that Customer's account is turned over to a collection agency or an attorney for collection, Customer agrees to pay all such costs, fees and expenses of such agency or attorney, including, without limitation, court costs and out-of-pocket expenses. 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. We comply with Section 326 of the USA Patriot Act. This law mandates that we verify certain information about you while processing your account application.

Print Name (Authorized Representative) _____ Signature (Authorized Representative) _____ Date (MM/DD/YYYY) _____

BUSINESS OWNER/ACCOUNT PRINCIPAL - Required for All Proprietorships, Partnerships or any other business/organizations less than two years old or having fewer than 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 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 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" on reverse side, including without limitation checking and reporting your credit and confirming your identity.

All fields below required.

Print Name (Principal)	Signature (Principal)	Date of Birth (MM/DD/YYYY)
Principal Street Address	City	State Zip
Social Security #	Home Phone	Cell Phone

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

1. Choose Driver or Vehicle Cards

	Number of Driver Cards		Number of In Station Cards
	Number of Vehicle Cards		Station Number (see station manager)

2. If you choose to have Driver Cards, please fill out this section:
 *Purchasing Ability: 1- Fuel Only, 2-Fuel and Maintenance Only, 3-Maintenance Only

Driver Name (First)	Driver Name (Last)	*Purchasing Ability (enter 1-3 below)

3. If you choose to have Vehicle Cards, please fill out this section:
 *Purchasing Ability: 1- Fuel Only, 2-Fuel and Maintenance Only, 3-Maintenance Only

Vehicle ID #	Vehicle Name	*Purchasing Ability (enter 1-3 below)

*4. If you choose to have Driver Prompts or Vehicle Prompts, please list the acceptable responses below.
 Cards will only work if your driver enters one of the numbers below.

Vehicle ID # or Driver ID #	Vehicle Name or Driver Name

If you are requesting more than 5 cards, please add more rows.