

FLEET FUEL CARD CREDIT APPLICATION FORM



The Fuel Card for Flexible
Control over Driver Expenses
Phone: 800.661.2278 ex. 6603
Fax: 801.395.8662



Powered by **TCH**

COMPANY INFORMATION

Legal Business Name _____
Physical Address _____ City _____ Province _____ Postal Code _____
Customer Mailing Address _____ City _____ Province _____ Postal Code _____
(if different from above)
Primary Contact Person _____
Telephone () _____ Cellular () _____ Fax () _____
Email _____
Years in business _____ Nature of business _____
Organization Type: Proprietorship Partnership Owner/Operator LLC Corporation Other _____
Parent Corporation (if subsidiary) _____ Language Preference English French

COMPANY REPRESENTATIVES (officers, partners, principals, or proprietor)

Title _____
Name _____
Telephone () _____ SIN _____
Date of Birth _____ Province _____

Fleet Manager

Title _____ Name _____
Email _____
Telephone () _____

Accounts Payable

Title _____ Name _____
Email _____
Telephone () _____

CREDIT INFORMATION

- Submit financial statements. Financial statements are necessary for companies who require a credit line of more than \$7,500.
- Complete and return the Personal Guarantee Agreement.
- Estimated monthly fuel purchases from all suppliers: \$ _____
- Are you tax exempt? (Confirmation is required) Yes No

BANK AND TRADE REFERENCES

Please provide your current banking and supplier details

Bank Name _____
Account Number _____
Contact _____
Telephone Number () _____
Fax Number () _____

Current Fuel Card Supplier

Supplier Name _____
Account Number _____
Contact Name _____
Telephone Number () _____

PAYMENT METHOD & TERMS OPTION (Mark one method and one terms option) Security Deposit

Security deposit must be amount of credit line needed.

Deposit amount: USD _____ CAD _____
METHOD PAD* Bank Wire TERMS Daily Twice Weekly Weekly

I hereby give authorization to SFJ Inc to draft a security deposit on (date) _____ initial _____

Draw Down

Prepay in advance. USD only—Initial deposit required to establish account

Bank Wire Western Union TAB Book Transfer

Letter of Credit

Letter of credit is subject to credit approval (requires TCH format)

Deposit amount: USD _____ CAD _____
METHOD PAD* Bank Wire TERMS Daily Twice Weekly Weekly

Open Line of Credit

Line of credit is subject to credit approval.

Credit line: USD _____ CAD _____
METHOD PAD* Bank Wire TERMS Daily Twice Weekly Weekly

* PAD is a pre-authorized draft and requires completion of the EFT form

Quoted transaction fee \$ _____

ACCOUNT SETUP

Total Number of Company Vehicles: _____ Total Number of Owner/Operator Vehicles: _____
Number of Cards Desired: _____ Quantity of Cheques Desired:(USD) _____
Marked Fuel Required (certificate will be required): Yes No
Additional Card Embossing Requested: Yes No
(Your business name is automatically embossed on the first line of each card. However, if you still want to emboss your business cards beyond your business name, a customer service rep will call you to assist you in your embossing needs.)

Applicant hereby requests and authorizes all references to release credit information to SFJ, and authorizes a credit report for any corporation, corporate officer, partner, or owner to be issued to SFJ. By signing, applicant authorizes SFJ to process or otherwise manage credit transaction information in any matter deemed appropriate by SFJ. Applicant hereby agrees to be bound by all terms, conditions, and agreements governing credit application and Credit Agreement, as amended from time to time. Applicant understands that applicant may be required to furnish SFJ a personal guarantee, a letter of credit, or other security in an amount designated by SFJ to secure applicant's line of credit with SFJ.

Signature of Authorized Signer _____ Title _____ Print Name _____ Date _____