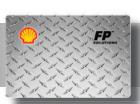
## FLEET FUEL CARD CREDIT APPLICATION FORM



## The Fuel Card for Flexible Control over Driver Expenses

**Phone: 800.661.2278 ex. 6603 Fax: 801.395.8662** 







## **COMPANY INFORMATION**

Legal Business Name							
ical Address		/	Province	Postal Code			
Customer Mailing Address	Citv	Province		Postal Code			
(if different from above) Primary Contact Person							
•							
				Fax (	)		
Email							
Years in businessNature of business							
Organization Type: 🔲 Proprietorship 🔲 Partnership 🔲 Owner/Operator 🗔	LLC	Corporation	Other				
Parent Corporation (if subsidiary)				Lang	juage Preference	Engilsh	☐ French
		PAYMENT M	ETUNN & 1	redime	ODTION		
COMPANY REPRESENTATIVES		(Mark one m				n)	
(officers, partners, principals, or proprietor)		Security Depos		i Ulic (	cinis optio	""	
Title		Security deposit mus		redit line	needed.		
Name		Deposit amount: USI			CAD		
		METHOD ☐ PAD* ☐ Bank		TERMS	<ul><li>Daily</li><li>Twice Weekly</li></ul>	,	
Date of Birth Province		_			☐ Weekly		
Fleet Manager		I hereby give authorization	to SEI Inc to draft a	ecurity dono	eit on (data)	initial	
TitleName		I hereby give authorization to SFJ Inc to draft a security deposit on (date) initial					
Email		<b>Draw Down</b> Prepay in advance. L	ISD anly— Initia	l danacit r	aguirad to actablich	account	
Telephone ( )		☐ Bank Wire ☐	•	·	B Book Transfer	raccount	
Accounts Payable		_ ballk wife _	Western omon	<b>—</b> 1A1	D DOOK HAHSTEI		
TitleName Email		<b>Letter of Credi</b>	-	.,			
Telephone ( )		Letter of credit is sui			•		
		Deposit amount: USI			CAD		
CREDIT INFORMATION  1. Submit financial statements. Financial statements are necessary for companies who required to the statement of the stat	uire	METHOD ☐ PAD* ☐ Bank		TERMS	<ul><li>Daily</li><li>Twice Weekly</li></ul>	,	
a credit line of more than \$7,500.	juno				Weekly		
2. Complete and return the Personal Guarantee Agreement.		Open Line of C					
3. Estimated monthly fuel purchases from all suppliers: \$		Line of credit is subjected to Credit line: USD	• • • • • • • • • • • • • • • • • • • •	ruvai.	CAD		
		METHOD □ PAD*		TERMS	CAD Daily		
BANK AND TRADE REFERENCES		Bank		72711110	Twice Weekly	1	
Please provide your current banking and supplier details		* DA	D in a pro authoriza	d draft and	☐ Weekly	t the FFT form	
Bank Name		Quoted transaction fee\$	•	u uiail aiiu i	requires completion of	IIIE EFT IOIIII	
Account Number							
Contact		ACCOUNT SE					
Telephone Number ( )		Total Number of Company Vehicles:Total Number of Owner/Operator Vehicles: Number of Cards Desired:Quantity of Cheques Desired:(USD)					
Fax Number ( )		Number of Cards Des Marked Fuel Required					
Current Fuel Card Supplier		Additional Card Embo	•		u). 🔲 Yes 🔲 N		
Supplier Name		(Your business name is automatically embossed on the first line of each card. However, if you					
Account Number		still want to emboss your business cards beyond your business name, a customer service rewill call you to assist you in your embossing needs.)					service rep
Contact Name		wiii can you to assist	you iii your cillb	ussing net	us.j		
Telephone Number (							

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