KUM & GO FLEET 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 1-800-517-7556.

Full Legal Company Name of Applicant/Buyer	Phone #	Fax#

Write company name as you wish it to appear on cards. Limit of 20 characters including spaces. Unless specified, no company name will appear on cards.

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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 Card Type(s)	Avg Monthly Fuel Expenditures	Avg Monthly Service Expenditures	Number of Vehicles
☐All Fuel Only ☐All Unrestricted ☐Some of each	$	$	

Complete this Section Accurately. Select One: ☐ Corporation ☐ Partnership ☐ Proprietorship ☐ PC or PA ☐ LLC

Is this account 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? ☐ No ☐Yes (If YES, complete and attach the Personal Guaranty on page 2.)

Designate the person authorized to receive all charge cards, 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. By signing below, you also (i) designate representatives from your card program sponsor ("Sponsor") to have access to your account information in order to facilitate customer service and account maintenance requests on your behalf, and (ii) authorize the Card Issuer to accept account maintenance requests and other instructions from Sponsor on your behalf.

Authorized Contact Name	Title	Phone #	Fax #

Mailing Address (if different from billing address)	City	State	Zip+4

Email address

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

INFORMATION SHARING DISCLOSURE: Kum & Go, Card Issuer or its affiliates may, to the extent allowed by law, share information disclosed by or generated as a result of this application with each other, and with merchants accepting the card. In addition, information regarding your transactions may be provided to accepting merchants or their service providers to facilitate discounts or other promotional campaigns of interest to you.

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

AUTHORIZED SIGNATURE REQUIRED

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	Date	Print Name	Title
X			

FOR OFFICE USE ONLY

Opportunity Number	Sales Code	Coupon Code	Account Number
			0496

Our bank complies with Section 326 of the USA PATRIOT Act which requires all financial institutions to obtain, verify, and record information that identifies each company or person who opens an account. What this means for you: when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents for your business.

KUM & GO FLEET ACCOUNT APPLICATION – cont.

Complete the Personal Guaranty below <u>only</u> if this account is for a:

Company that has been incorporated less than three years,
Partnership,
Proprietorship,
Professional corporation or association, or
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	Print Name	Date of Birth	Social Security No.
X			

Guarantor's Residential Address – street, city, state, zip (Do not include PO Box)	Phone #	Date (mmddyy)

FOR OFFICE USE ONLY

Opportunity Number	Sales Code	Coupon Code	Account Number
			0496

Kum & Go Fleet Card Information

Company Name: _____ Limit punctuation to the following characters: | / | - | . | & | ‘ |

DRIVER INFORMATION – List *all* drivers who will be using fleet cards.

Last 12 character limit	**First** 10 character limit	**M.I.**	**Driver ID** (No duplicates) Leave blank if you want us to assign Select either: ☐ 4 digits or ☐ 6 digits
SAMPLE: *Smith*	*John*	*A*	*1234*
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

VEHICLE INFORMATION – We will issue a card for each vehicle you list.

Please check one of the following restriction options.*

☐ Emboss selected cards with “Fuel Only” (See Fuel Only column) ☐ Emboss all cards with “Fuel Only” ☐ Do not restrict any cards with “Fuel Only”

Select ***ONE*** of the following columns below to appear on the second line of your cards.

☐ Vehicle Description ☐ Customer Vehicle ID ☐ License Plate ☐ None

Department (optional) 8 character limit	**License Plate** 8 character limit	**State** 2 char	**Vehicle Description** (required) 17 character limit	**Fuel Only*** ☒ **= Yes**	**Customer Vehicle ID** (optional) 17 character limit
SAMPLE: *Service*	*123456*	*ME*	*03 Chevy Mini Van*	☐	*Unit 123*
1.				☐	
2.				☐	
3.				☐	
4.				☐	
5.				☐	
6.				☐	
7.				☐	
8.				☐	
9.				☐	
10.				☐	

* Please note that purchase authority restriction may not be enforced if electronic authorization is inoperative...e.g., during system outage.

X _____

Signature of person completing form Print Date