

## **REASONS TO GET THE UNIVERS FLEET CARD**

- Find the lowest fuel prices in your area to ٠ save you money at the pump
- Best-in-class online controls to manage • card use, track purchases, and create reports
- Award-winning, U.S. based customer • service for you and your drivers, 24/7
- Nearly 400,000 fleets make us America' • fuel management solution

Sales Rep Name
Title
Email Address
Call
Fax

Opportunity #

FOR OFFICE USE ONLY: Sales Code

Plastic

WEX1

Coupon Code

04

# WEX FLEET APPLICATION

Program Fees: \$40 set-up fee, \$2 per card, per month

#### Tell us about your business

City	State	Zip	
Tax Payer Identification #	Company Phone #	Company Fax #	
Legal Structure(Corp, Partnersh	ip, LLC, Proprietorship, Gov, PC \$	c or PA) # of vehicles	
Years in Business		xp.	
Billing Contact Inform			
Billing Contact First Name	Billing Contact Last I	Billing Contact Last Name	
Billing Contact Phone #			
Billing Address			
	State	7in	
<sup>City</sup> Authorization	State	Zip	
	, which is available upon request	ind the Company to the terms & conditions of this o I further acknowledge that I have read and agree to	
X			
Authorized Officer Signature		Date	
Print Name		Email	
		Email	
Print Name <b>Title of Applicant:</b> President Vice Pre	esident 🗌 Treasurer	Email Owner Partner	
Title of Applicant:  President Vice Pre Tell us about yourself	f a business incorporated less		
Title of Applicant:  President Vice Pre Tell us about yourself Required if this account is for	f a business incorporated less	Owner Partner	
Title of Applicant:  President Vice Pre Tell us about yourself Required if this account is for professional corporation, or a	<b>f</b> a business incorporated less limited liability company.	Owner Partner	
Title of Applicant:  President Vice Pre Tell us about yourself Required if this account is for professional corporation, or a First Name	<b>f</b> a business incorporated less limited liability company.	Owner Partner	
Title of Applicant:  President Vice Pre Tell us about yourself Required if this account is for professional corporation, or a  First Name Residential Address	f a business incorporated less limited liability company. Last Name	Owner Partner	
Title of Applicant:  President Vice Pre Tell us about yourself Required if this account is for professional corporation, or a First Name Residential Address City	f a business incorporated less limited liability company. Last Name State	Owner Partner	
Title of Applicant:  President Vice Pre Tell us about yourself Required if this account is for professional corporation, or a First Name Residential Address City Social Security # Home Phone #	f a business incorporated less limited liability company. Last Name State Date of Birth Email Address e that by signing below, both	Owner Partner	

Card Issuer is WEX Bank, member FDIC.

### SUMMARY OF KEY TERMS

#### **Card Fees**

Set-up Fee	\$40.00
Monthly Card Fee	\$2.00 per card
Card Replacement Charge	\$2.00 per card

**Credit Disclosure:** By submitting this application, Company requests a business charge account and if approved for credit, one or more business charge cards for use by Company and its employees. The Card Issuer is WEX BANK. Company agrees to the terms and conditions set forth in the Business Charge Account Agreement provided with this application and/or provided with the card(s). Use of any card issued pursuant to this application confirms Company agreement to said terms and conditions. In the event that this application is denied based upon information contained in a consumer credit report used to evaluate credit, Issuer is authorized to report the reason for the denial to the Company. Direct inquiries of businesses where the undersigned maintains accounts may also be made. If requested, Company agrees to provide company financial statements, including at minimum, a Balance Sheet and Income Statement for the last two years upon request. **Joint and Several Liability:** If required, and if Bank issues card(s) to Company, both the Company and I am jointly and severally liable with the Company for all charges to the account established pursuant to this application. This is a guaranty of payment and not merely of collection. You agree to pay upon demand any amount owed by Company due under the Business Charge Account Agreement.

I understand that I am applying for commercial credit on behalf of the business. I authorize Issuer to obtain credit bureau reports, both personal (if required) and in the name of the Company, that may be used when considering this application for credit and any other information about me in connection with: 1) extensions of credit on this account; 2) the administration, review or collection of this account. I agree that I may be contacted at any of the numbers that I have provided. In the event that the account is not paid as agreed, Issuer may report my liability (both personally and for the Company) to credit bureaus or others that may lawfully receive such information.

**Federal Compliance:** Issuer complies with Federal Law 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.