

ARCO Business Solutions Application

Facility 6566301

FAX Application to: 1-800-348-7960 or

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

For more information call: 1-800-348-7959

CARD PRODUCT SECTION - PLEASE SELECT A CARD PRODUCT

1 Please process this application for the ARCO Business Solutions MasterCard® Card.

All fields must be completed to ensure timely processing. PLEASE PRINT, USING BLACK INK.

BUSINESS INFORMATION - PLEASE TELL US ABOUT YOUR BUSINESS

2

Business Legal Name		Federal Tax ID or SSN	
\$ Credit Limit Requested	Fax Number	Business Structure/Type <input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Non-Profit* <input type="checkbox"/> Government <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <small>* Please attach state tax exemption certificate (1% service fee). Tax exempt processing only available on the MasterCard product.</small>	
Physical Address Line 1		Years under current ownership	
Physical Address Line 2		\$ Sales Volume (Annual)	
Physical Address City	State	Zip	
Mailing Address Line 1 (if different from physical address)			
Mailing Address City	State	Zip	

CONTACT INFORMATION - PLEASE TELL US ABOUT YOURSELF

3

Main Business Phone	E-mail Address For Online Statements and Reports		
Key Executive Title	Key Executive First Name	Key Executive Last Name	
Billing Contact's First Name	Billing Contact's Last Name	Billing Contact's Phone Number	ext. _____
Cell Phone/Secondary Number	Choose security password to be used for Account Access (minimum of four characters).		

How would you like to receive your statement? (check one) Online Paper*
*A fee may apply.

FINANCIAL/REFERENCE INFORMATION - PLEASE TELL US ABOUT YOUR BUSINESS BANKING AND REFERENCES

4

Bank Reference (Primary)	Bank Phone Number	Bank Account Number
Trade Reference Name	Trade Reference Phone Number	Trade Reference Fax Number
Current Fuel Supplier	Account Number	Fuel Supplier Phone Number

SIGNATURE - PLEASE SIGN AND DATE

5

Please Read Carefully: Comdata Network, Inc. ("Comdata") and FleetCor Technologies, Inc. ("FleetCor") operate the ARCO Business Solutions card products, and this application is made to FleetCor and Comdata. 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 ARCO Business Solutions card(s). Customer acknowledges that this application is subject to approval and acceptance of Customer by FleetCor. 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 Tennessee law governs the terms and conditions of the ARCO 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 ARCO Business Solutions card(s) will constitute Customer's acceptance of those terms and conditions including, without limitation, Customer's unconditional obligation to pay Comdata for all use of ARCO Business Solutions' cards provided to Customer and all use of Customer's account each billing cycle, as well as all 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 ARCO Business Solutions card(s) for commercial purposes and understands that Comdata may cancel Customer's card(s) if Customer uses them for non-commercial purposes. If Comdata or FleetCor must use an attorney or collection agency to collect any overdue amount from Customer, then Customer agrees to pay reasonable attorney fees and costs of collection incurred by FleetCor or Comdata. 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.

 Print Name (Authorized Representative) **X** _____ Signature (Authorized Representative) _____ Date
 Internal Use _____ Internal Use _____ Internal Use _____

*Please attach state exemption certificate (1% service fee)

Business Name: _____

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

6

1. Choose Driver or Vehicle Cards

□□	Number of Driver Cards	
□□	Number of Vehicle Cards	

2. If you choose to have Driver Cards, please fill out this section:

Driver ID #	Driver Name (First)	Driver Name (Last)	Prompts Requested 1-Driver ID & Odometer** 2-Vehicle ID & Odometer** 3-Odometer 4-No Prompt (enter 1-4 below)	Purchasing Ability 1-Fuel Only 2-Fuel and Maintenance Only 3-Maintenance Only 4-T & E Only 5-Open For All Purchases (enter 1-5 below)
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3. If you choose to have Vehicle Cards, please fill out this section:

Vehicle ID #	Vehicle Name	Prompts Requested 1-Driver ID & Odometer** 2-Odometer 3-No Prompt (enter 1-3 below)	Purchasing Ability 1-Fuel Only 2-Fuel & Maintenance Only 3-Maintenance Only (enter 1-3 below)
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****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	
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***If you are requesting more than 6 cards, please call 1-800-348-7959 for assistance.**