

# SUNOCO® COMMERCIAL FLEET CARD APPLICATION

Select Card Program:     SunTrak® Fleet \$10 monthly fee  
                                    Universal Fleet \$40 one-time setup fee, \$2 per card, per month

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. 6) By providing the phone numbers below, you authorize us to contact you at any of these numbers regarding this application or any account opened as a result of this application. If you have any questions regarding this application, please call 1-860-617-9531.

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

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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DBA or AKA	Subsidiary of	Applicant's Taxpayer ID # (TIN, FEIN or SSN)
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Headquarters Name, Physical Address and Phone # (Do not include PO Box)	SIC Code or Type of Business
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Billing Contact	Billing Address	City	State	Zip+4
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Principal(s)/Authorized Officer(s)	Title(s)
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In Business Since (yyyy)	Year of Incorporation (yyyy)	Fiscal Year Start (mm)
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Avg Monthly Service Expenditures \$	Avg Monthly Fuel Expenditures \$	Number of Vehicles
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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 #
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Mailing Address (if different from billing address)	City	State	Zip+4
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Email address

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

INFORMATION SHARING DISCLOSURE: Sunoco, Inc., 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.

**Fax completed and signed application and Fleet Information form to us at 207-253-1306.**

### 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 <b>X</b>	Date	Print Name	Title
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### FOR OFFICE USE ONLY

Opity Number	Sales Code 95900028	Coupon Code	Account Number 0496
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Our bank 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.