

## WEXTAILORED FEE SCHEDULE

This Tailored Fee Schedule (the "Schedule") is subject to the WEX Business Charge Account Agreement as amended from time to time (the "Agreement"). If there are any inconsistencies between any of the terms or provisions of this Schedule and the Agreement, the terms and provisions of this Schedule shall control.

### DEFINITIONS:

Capitalized terms used in this Schedule have the meaning set forth in the Agreement unless otherwise defined herein.

"You" and "your" refers to the Company whose name and address appears in the signature block below.

### NEGOTIATED MONTHLY CARD CHARGE:

The WEX Bank standard monthly card charge is \$2.00 per card per month. In consideration of the mutual promises set forth in this Schedule and the Agreement, WEX Bank offers you the following negotiated monthly card charge: \$0.00 per card per month.

### NEGOTIATED REPLACEMENT CARD CHARGE:

The WEX Bank standard replacement card charge is \$2.00 per replacement card issued. In consideration of the mutual promises set forth in this Schedule and the Agreement, WEX Bank offers you the following negotiated replacement card charge: \$0.00 per card issued.

### NEGOTIATED CONTRACT TERM:

In consideration of the negotiated terms contained in this Schedule and the Agreement, you agree to a negotiated contract term of 0 years.

Please note that the Contract Term selected above (the "Initial Term") commences on the date that this Schedule is accepted and executed by WEX Bank at its home office in Salt Lake City, Utah. You also agree that you may not cancel the Agreement or this Schedule prior to the expiration of the term selected. The Initial Term shall automatically be extended for additional successive terms of one year each unless either party gives written notice of its election not to extend at least sixty days prior to the end of the initial term or any extended term.

**By signing this Schedule, you are indicating that you have the authority to bind the Company to this Schedule and the terms contained herein.**

**COMPANY NAME:**

**PHYSICAL ADDRESS:**

**CITY, STATE ZIP:**

Signature\*:

Printed Name:

Title:

Date:

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**THIS SCHEDULE IS CONFIDENTIAL AND EXCLUSIVE TO THE CARDHOLDER**

**For Internal Use Only:**

Sales Representative Name:

Opportunity Number:

Sales Code:

And/or Account Number: