



# Universal Premium Mastercard® Application



please email completed application to  
jim.garza@fleetcor.com

Legal Company Name (limit to 28 characters)*			Subsidiary or DBA (limit to 20 characters)		
Primary Fleet Contact First Name*	Last Name*	Title*	Account Security Code (For Card Activation & Customer Service) – 5 NUMBERS*		
Card Delivery Street Address 1 (No PO Boxes)*			Business Phone #*	Cell Phone #	Fax #
Card Delivery Street Address 2			Type of Business*	Years in Business*	Full Time Employees*
City*	State*	ZIP*	Estimated Monthly Charges/Spending (\$)*		Estimated Monthly Gallons*
Company Billing Street Address 1 (If Different Than Card Delivery Address)			# of Vehicles*	# of Drivers	# of Cards Needed
Company Billing Street Address 2			Federal Tax ID #*		
City	State	ZIP	Statement Delivery Method: <input type="checkbox"/> Electronic <input type="checkbox"/> Paper		
Email Address*:					
Type of Organization*: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Public Corporation <input type="checkbox"/> Private Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Government & Education <input type="checkbox"/> LLC <input type="checkbox"/> LLP					

**NOTE** – At FLEETCOR’s discretion, we may require CPA Reviewed or Audited Financial Statements during the Credit review.

## AUTHORIZED SIGNATURE - Required

FLEETCOR Technologies Operating Company, LLC (“FLEETCOR”) and Comdata Inc. operate the Universal Premium Mastercard® card. This application is made to FLEETCOR. 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 Universal Premium card(s). Customer acknowledges that this application is subject to approval and acceptance of Customer by FLEETCOR in Louisiana. If this application is approved, then Customer will be notified of its available credit/spend limit, and Customer will not allow its unpaid account balance to exceed its credit limit. Customer agrees that Louisiana law governs the terms and conditions of the Universal Premium card(s), which terms and conditions will accompany the card(s) if this application is approved (“Card Terms”). Program terms and conditions apply. Visit [www.fleetcor.com/terms/NAF-MC](http://www.fleetcor.com/terms/NAF-MC) for details. Customer’s accepting, signing, or using any Universal Premium Mastercard card(s) will constitute Customer’s acceptance of those terms and conditions including, without limitation, Customer’s unconditional obligation to pay for all use of Universal Premium cards provided to Customer and all use of Customer’s account each billing cycle, as well as all interest, 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, except as provided by applicable law and the Card Terms. Customer also agrees that Customer will exclusively use the Universal Premium card(s) for commercial purposes and understands that Customer’s card(s) may be canceled if Customer uses them for personal, family or household purposes. In the event that Customer’s account is turned over to a collection agency or an attorney for collection, Customer agrees to pay all such costs, fees and expenses of such agency or attorney, including, without limitation, court costs and out-of-pocket expenses. By signing below, Customer confirms that everything it has stated in this application is correct and that the signing authorized representative is duly authorized to enter this relationship on behalf of Customer. We comply with Section 326 of the USA Patriot Act. This law mandates that we verify certain information about you while processing your account application.

<b>Universal Premium Mastercard® Program Terms &amp; Fees:</b>			Account Type: <b>Non-Revolving. Paid in Full.</b>		
	<u>Billing Cycle</u>	<u>Days to Pay</u>	<u>Payment Method</u>	<u>Fees</u>	<u>Pricing Rebates</u>
<input type="checkbox"/> Standard Monthly	Monthly	15	Check / Electronic Payment	See Program Terms	Up to 6¢ per gallon
<input checked="" type="checkbox"/> Standard Semi-Mo.	Semi-Monthly	13	Check / Electronic Payment	See Program Terms	Up to 6¢ per gallon
If you do not qualify for the products above after a Credit review, you may be offered					
<input type="checkbox"/> Standard Weekly <sup>1</sup>	Weekly	7	Electronic Payment	See Program Terms	Up to 6¢ per gallon
Print Name* (Authorized Representative)			Signature* (Authorized Representative)		
Telephone #:			Date*:		

**BUSINESS OWNER/ACCOUNT PRINCIPAL** – Required for all businesses excluding public corporations, non-profits, governments and educational institutions. Required for all persons owning 25% or more of business. Please use the Appendix to record additional owners.

Each principal (“Principal”) for this Account, if any, is personally and unconditionally, jointly and severally liable with Customer, as principal and not as surety or guarantor, for the payment and performance when due of all obligations owed on the Account, regardless of who made purchases using the Cards, and the Principal agrees to pay such amounts according to the terms of this application and the Card Terms. Principal is responsible under this application and the Card Terms for all use of all of the Cards issued on the Account to the fullest extent permitted by law. This constitutes Principal’s agreement, individually, regarding the provisions under “AUTHORIZED SIGNATORY” above, including without limitation checking and reporting your credit and confirming your identity.

Principal First Name	Middle Initial	Last Name	Signature (Principal)		
Guarantor Street Address(No PO Boxes)		Social Security #	Date of Birth		
City	State	Zip	Home Phone #	Cell Phone #	

Does this person have significant responsibility for managing the legal entity listed above? Yes  No

Please list your current telematics provider: \_\_\_\_\_

If you do not have a telematics or fleet tracking solution provider, are you interested in hearing more about our solutions?  
 Yes  No

### \*\*OFFICE USE ONLY\*\*

Market: NAT	Rep ID: 3352	Rep Name: James Garza	ATS Code (last 4 digits):
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<sup>1</sup> Standard Weekly product requires receiving statements and making payments electronically via the Universal Premium online system.

\* REQUIRED FIELD