

BP Business Solutions Application

FAX Application to: 1-800-348-7960 or mail to: BP Business Solutions, PO Box 923928, Norcross, GA 30010

For more information call 1-800-348-7959 or go to www.bpbusinesssolutions.com



Section A: CARD PRODUCT SECTION - PLEASE SELECT A CARD PRODUCT

Choose the card that works best for your business:

BP Fuel Plus Card (Purchases at BP only, detailed reporting and rebates)

BP Universal Fuel MasterCard® (Purchases at ANY fueling location that accepts MasterCard cards, detailed reporting and rebates)

All fields must be completed to ensure timely processing.

Section B: BUSINESS INFORMATION - PLEASE TELL US ABOUT YOUR BUSINESS

Business Legal Name / DBA

Federal Tax ID (required)

Business Name Printed on Cards

Fax Number

Years under current ownership¹

\$ / Month
Estimated Monthly Fuel Usage (Dollars)

Number of Full Time Employees¹

Business Structure/Type¹

Corporation	<input type="checkbox"/>	Proprietorship	<input type="checkbox"/>	Non Profit	<input type="checkbox"/>
Government	<input type="checkbox"/>	Partnership	<input type="checkbox"/>		
LLP	<input type="checkbox"/>	LLC	<input type="checkbox"/>		

¹ See Section F

Main Business Address Line 1 (No P.O. Boxes)
This is where your cards will be shipped

Motor Fuel Tax Exemption*
Check if your business is exempt from motor fuel tax
*Please attach state tax exemption certificate. A fee may apply.

Main Business Address Line 2 (No P.O. Boxes)

Main Business Address City

State

Zip

Billing Address (if different from Main Business Address)

Billing Address City

State

Zip

Section C: CONTACT INFORMATION - PLEASE TELL US ABOUT YOURSELF

Business Owner/Key Executive **First** Name

Business Owner/Key Executive **Last** Name

Main Business Phone

Cell Phone/Secondary Number

Billing Contact **First** Name
(if different from Business Owner/Key Executive)

Billing Contact **Last** Name

Billing Contact's Phone Number

Cell Phone/Secondary Number

Choose security password, required to discuss your account with Customer Service (Must be 5 numeric characters)

E-mail Address for Online Statements and Reports

How would you like to receive your statement? (check one) Online/Email Paper (a fee may apply)

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

Primary Bank Reference (required)

Bank Account Number (required)

Current Fuel Purchasing Method

Sales Representative Name/ID

Merchant ID

Employee ID

Internal Use

