

# APPLICATION FOR BP FLEET CARD ACCOUNT

Fax completed application to **1-888-396-0352** or  
 mail to **BP Business Solutions, PO Box 923928, Norcross, GA 30010**



## BUSINESS INFORMATION (Required)

Choose the card that works best for your business:  BP Fuel Plus Card  BP Universal Fuel Mastercard®

|  |            |        |   |                    |                            |
|--|------------|--------|---|--------------------|----------------------------|
| 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*:<br><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 |            |        |   |                    |                            |

## Authorized Signature Required (Representative acknowledges receiving fuel pricing and payment terms) Initial Here: \_\_\_\_\_

FleetCor Technologies Operating Company, LLC. ("FleetCor") and Comdata Network, Inc. ("Comdata") operate the BP Business Solutions Mastercard® card product and FleetCor Technologies Operating Company LLC operates the BP Business Solutions Plus card product. By signing this application, I represent and warrant that I am duly authorized to request that a BP Business Solutions Fleet Card account be created on behalf of my company identified above ("Applicant"). By signing this application, FleetCor is hereby authorized to check Applicant's credit worthiness, initially as well as from time to time, including but not limited to obtaining credit report(s), contacting the Applicant's bank, and obtaining trade references. Applicant acknowledges that this application is subject to approval and acceptance by FleetCor. If this application is approved, then Applicant's Authorized Representative listed above will be notified of the account's available credit limit, the acceptable payment terms and method, and any applicable program fees. Program details will be provided in the client agreement that will be delivered along with the cards to the Authorized Representative. Account agreement is available at [www.bpbusinesssolutions.com/terms/](http://www.bpbusinesssolutions.com/terms/). Applicant acknowledges that the fleet card program is not a revolving credit account and that any purchases made during the billing cycle are due and payable in full, including any applicable fees, upon receipt of the billing statement. If the Applicant's unpaid balance ever meets the established credit line, the account will suspend and the Applicant's credit history may be reported to credit reporting agencies. Applicant's acceptance, signing, in whatever form, or using any BP Business Solutions card(s) provided to the Applicant will constitute acceptance of the terms and conditions contained in this application and the account agreement. Applicant agrees that any liability arising or resulting from the misuse, unauthorized or fraudulent use, loss or theft of any of the cards issued to the company's account shall be fully borne, assumed, and paid by the Applicant. If FleetCor uses an attorney or collection agency to collect an unpaid overdue amount, the Applicant agrees to pay reasonable attorney and/or collection fees. Applicant agrees that the account will be governed by Louisiana law and that the cards are for business/commercial use only and never used for personal or household purposes and agrees that use of the cards for consumer or household purposes shall be grounds for immediate termination of the Applicant's account. By signing below, Applicant confirms that everything stated in this application is correct to the best of Applicant's knowledge and that the signing authorized representative is duly authorized to enter this relationship on behalf of Applicant.

## I agree to the Terms of this Application (Please check box)

|   |              |  |  |
|---|--------------|--|--|
| Print Name* (Authorized Representative) |              | Signature* (Authorized Representative) |  |
| Title:                                  | 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.

|  |                |                   |                       |              |
|--|----------------|-------------------|-----------------------|--------------|
| Principal First Name                   | Middle Initial | Last Name         | Signature (Principal) |              |
| Principal 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

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

|         |         |           |                           |
|---------|---------|-----------|---------------------------|
| Market: | Rep ID: | Rep Name: | ATS Code (last 4 digits): |
|---------|---------|-----------|---------------------------|

### \*Required Field

Program Terms and Conditions apply. Visit [www.bpbusinesssolutions.com/terms/](http://www.bpbusinesssolutions.com/terms/) for details. Fees may apply in some cases, such as for optional services, late payments and/or credit risk. The BP Business Solutions Mastercard® is issued by Regions Bank, pursuant to a license by Mastercard International Incorporated. Mastercard is a registered trademark of Mastercard International Incorporated.