

Par Mar Stores Fleet Card Application

Fax to: (740) 376.1555 or Mail to: 114-A Westview Avenue, Marietta, OH 45750

If you would like this application emailed to you or for more information call: (740) 373-7406 x 3009



CARD PRODUCT

Please process this application for the Par Mar Stores Fleet Card.

All fields must be completed to ensure timely processing.

BUSINESS INFORMATION - PLEASE TELL US ABOUT YOUR BUSINESS

<input type="text"/> Business Legal Name	<input type="text"/> Federal Tax ID (required) or SSN																		
<input type="text"/> / Month Estimated Monthly Fuel Usage (Dollars)	<input type="text"/> Main Business Phone Number																		
<input type="text"/> Street Address (No P.O. Boxes - this is where cards will be sent)	<input type="text"/> Years under current ownership																		
<input type="text"/> Street Address City	<input type="text"/> Annual Sales Volume (Dollars)																		
<input type="text"/> Billing Address (if different from Street Address)	<input type="text"/> Number of Full-Time Employees																		
<input type="text"/> Billing Address City	<input type="text"/> State																		
<input type="text"/> Business Owner's Name	<input type="text"/> Zip																		
<input type="text"/> Business Owner's Cell Phone	<input type="text"/> State																		
	<input type="text"/> Zip																		
	Business Structure/Type (mark one)																		
	<table border="1"> <tr> <td>Corporation</td> <td><input type="checkbox"/></td> <td>Proprietorship</td> <td><input type="checkbox"/></td> <td>Non-Profit*</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Government*</td> <td><input type="checkbox"/></td> <td>Partnership</td> <td><input type="checkbox"/></td> <td>LLC</td> <td><input type="checkbox"/></td> </tr> <tr> <td>LLP</td> <td><input type="checkbox"/></td> <td colspan="4">*Please attach tax exemption certificate.</td> </tr> </table>	Corporation	<input type="checkbox"/>	Proprietorship	<input type="checkbox"/>	Non-Profit*	<input type="checkbox"/>	Government*	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	LLC	<input type="checkbox"/>	LLP	<input type="checkbox"/>	*Please attach tax exemption certificate.			
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CONTACT INFORMATION - PLEASE TELL US ABOUT YOURSELF

<input type="text"/> Key Executive Name (typically the person who manages the fleet)	<input type="text"/> Key Executive Title (typically the person who manages the fleet)
<input type="text"/> Billing Contact Name	<input type="text"/> Billing Contact Phone Number
<input type="text"/> Fax number	<input type="text"/> E-mail Address for Online Statements & Reports (billing contact)
<input type="text"/> Choose Security Password to be used for Account Access (for Key Executive or Fleet Manager)	<input type="text"/> If Billing Contact will be calling for Account Access, enter unique Security Password
How would you like to receive your statement? (check one)	<input type="checkbox"/> Online
A fee will apply	<input type="checkbox"/> Paper

SIGNATURE - PLEASE SIGN AND DATE

Please Read Carefully: FleetCor Technologies Operating Company, LLC. ("FleetCor") and Comdata Network, Inc. ("Comdata") operate the Business Solutions Fuel Management card products and 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 Business Solutions Fuel Management 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 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 Business Solutions Fuel Management card(s), which terms and conditions will accompany the card(s) if this application is approved. Customer's accepting, signing, or using any Business Solutions Fuel Management 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 Fuel Management 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. Customer also agrees that Customer will exclusively use the Business Solutions Fuel Management card(s) for commercial purposes and understands that Customer's card(s) may be canceled if Customer uses them for non-commercial 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 to the best of Customer's knowledge 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.

Print Name (Authorized Representative)

Signature (Authorized Representative)

Date (MM/DD/YYYY)

Internal Use

Internal Use

PMF

PERSONAL GUARANTY BY PRINCIPAL OF APPLICANT - MAY BE REQUIRED FOR CORPORATIONS LESS THAN TWO YEARS OLD AND ALL SOLE PROPRIETORSHIPS, PARTNERSHIPS AND LLC'S

The undersigned ("Guarantor") unconditionally and irrevocably guarantees the payment and performance when due of all obligations of the Applicant to FleetCor and its successors and assigns now or hereafter owing ("Guaranteed Obligations"). Payment hereunder shall be made without set-off or counterclaim. Guarantor acknowledges that this is a guaranty of payment and not of collection and that Guarantor is a primary obligor and not merely a surety, obligated on a joint and several basis with Applicant and each other guarantor. Guarantor hereby waives any right to require FleetCor to proceed against Applicant as a condition to proceeding against Guarantor and waives the provisions of law to the contrary. Guarantor waives notice of acceptance, diligence, presentment, demand, notice of dishonor, protest and all other notices. Guarantor agrees that Guarantor's obligations hereunder shall not be affected by changes in the Guaranteed Obligations. Guarantor hereby subordinates in favor of FleetCor any right of subrogation and all other obligations of the Applicant to Guarantor. If any provision of this Guaranty is held to be illegal, invalid or unenforceable it shall not affect any other provision hereof. This Guaranty shall be governed by the law of Louisiana. If collection hereunder is by an attorney at law, the Guarantor shall pay all reasonable costs of collection, including attorney fees. The terms and conditions of the Account Agreement (available upon request if you do not already have a copy) are incorporated by reference and Guarantor agrees to be bound thereby. This Guaranty shall be relied upon by FleetCor in making its credit decision and is a condition of the extension of credit to the Applicant. Guarantor hereby authorizes FleetCor to obtain a consumer credit report of Guarantor and to make direct inquiries of employers and businesses where Guarantor has accounts. If this Application is denied based on such information, Guarantor authorizes FleetCor to report the reason for the denial to Applicant. If the Guaranteed Obligations are not paid when due, FleetCor may report the Guarantor's liability for and the status of the account to credit bureaus and others who may lawfully receive such information.

Print Name (Guarantor)	Signature (Guarantor)	Date of Birth (MM/DD/YYYY)
Guarantor Street Address	City	State Zip
Social Security #	Driver's License # and State	

CARD SET-UP INFORMATION - PLEASE TELL US HOW YOU WOULD LIKE YOUR CARDS SET UP

1. Fill out appropriate sections for Driver and/or Vehicle Cards Number of Driver Cards Number of Vehicle Cards

For Driver Cards, please fill out this section.

Prompts Requested: 1=Driver PIN & Odometer*, 2=Odometer, or 3=No Prompt

PLEASE NOTE: If prompting for DRIVER PIN & Odometer – each driver must be assigned a unique PIN in section 2.

Purchase Ability: 1=Fuel Only, or 2=Fuel & Misc. Items (in convenience store)

enter 1, 2, or 3

enter 1 or 2

Driver Last Name (15 characters or less)	Driver First Name (10 characters or less)	Prompts Requested	Purchasing Ability

For Vehicle Cards, please fill out this section.

Prompts Requested: 1=Driver PIN & Odometer*, 2=Odometer, or 3=No Prompt

Purchase Ability: 1=Fuel Only, or 2=Fuel & Misc. Items (in convenience store)

enter 1, 2, or 3

enter 1 or 2

Vehicle Description (15 characters or less)	Prompts Requested	Purchasing Ability

*2. If you choose to have Driver PIN Prompts, please list the acceptable responses below.

Cards will only work if your driver enters one of the numbers below.

Driver PIN (4 - 6 digits)	Driver Name

If you are requesting more cards, please add more rows.

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