

BP Business Solutions Application

FAX Application to: 1-866-280-1333 or email to: gary.downing@fleetcor.com

For more information contact <Gary Downing> at 630-877-5783



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

Choose the card that works best for your business:

- BP Fuel Card** (Purchases at BP only with basic reporting)
- 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.
Only available on Fuel Plus product.

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

State

Zip

Main Business Address City

Billing Address (if different from Main Business Address)

State

Zip

Billing Address City

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

Section E: AUTHORIZED SIGNATURE - REQUIRED

Please Read Carefully: 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 Fuel Card and the Fuel Card Plus products. This application is made to FleetCor. By signing this application, Customer authorizes

