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

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Section A: CARD PRODUCT S	ECTION - PLEASE SEL	ECT A CA	RD PRODUCT					
Choose the card that BP Fuel Card (Purchases at BP only with basic reporting)								
works best for your	BP Fuel Plus Card (Purchases at BP only, detailed reporting and rebates)							
business:	BP Universal Fuel I	MasterCa	rd® (Purchase:	s at	ANY fueling loc	cation that ac	cepts	
All Calls on all a consistent to the consistent of	MasterCard cards, d	etailed rep	porting and reb	ate	s)		·	
All fields must be completed to ensure timely partial Section B: BUSINESS INFORM		LIS AROL	IT VOLID BLISIN	JES	9			
Section B. Bosiness in Oki	MATION - FLLASL TELE	- 03 ADOC		VL O	3			
Business Legal Name / DBA		=	Federal Tax ID (re	quire	d) 			
Business Name Printed on Cards	_		Fax Number			Years under cur	rent ownership ¹	
\$	/ Month			Numb	per of Full Time Emplo	yees ¹		
Estimated Monthly Fuel Usage (Dollars)			Business Structure	уТуре	e ¹			
			Corporation		Proprietorship	Non Profit		
			Government		Partnership		<u> </u>	
Main Business Address Line 1 (No P.O. Boxes This is where your cards will be shipped	s)	_	LLP		LLC			
, a		7	See Section F		Motor Fuel Tax Exem	ntion*		
	,		_		Check if your business is	exempt from motor fu		
Main Business Address Line 2 (No P.O. Boxes	s)				e attach state tax exempt vailable on Fuel Plus pr		тау арріу.	
]						
Main Business Address City		-	State		Zip			
Billing Address (if different from Main Business	s Address)	7						
Billing Address City		_	State		Zip			
Section C: CONTACT INFORM	IATION DIEASETELL	LIC ADOLL	T VOLIDSELE		·			
Section C. CONTACT IN ORM	IATION - FLLASL TELL	. 03 ABOU	TOURSELI					
				_				
Business Owner/Key Executive First Name		7	Business Owner/K	ey Ex	ecutive Last Name			
Main Business Phone			Cell Phone/Secondary Number					
		1						
Billing Contact First Name		_	Billing Contact Las	t Nar	me			
(if different from Business Owner/Key Executive)		1						
Billing Contact's Phone Number		_	Cell Phone/Secondary Number					
Choose security password, required to discuss Service (Must be 5 numeric characters)	s your account with Customer	_	E-mail Address for	Onlir	ne Statements and Re	ports		
			7					
How would you like to receive your statement?			Online/Email		Paper (a fee ma			
Section D: FINANCIAL/REFER	ENCE INFORMATION	- PLEASE	TELL US ABOUT	YOL	JR BUSINESS BAN	IKING AND REF	ERENCES	
Primary Bank Reference (required)		-	Bank Account Nun	nber (required)			
1								
		_						
Current Fuel Purchasing Method		_						
Current Fuel Purchasing Method		- 						
Current Fuel Purchasing Method Sales Representative Name/ID]	Merchant ID			ployee ID	Internal Use	

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 file and renewals of Customer's BP Business Solutions 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 spend limit. Customer agrees that Louisiana law governs the terms and conditions of the BP Business Solutions card(s), which terms and conditions will accompany the card(s) if this application is approved. Customer's accepting, signing, or using any BP Business Solutions card(s) will constitute 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 BP Business Solutions card(s) for commercial purposes and understands 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 and Title ((Authorized Representative)	ntative) Date (MM/DD/YYYY)					
	SINESS OWNER/ACCOUNT PRIN Proprietorships and Partnerships or any other busi		d or having fewer than 5 employe	es.			
when due of all obligation is responsible under this A	") for this Account, if any is personally and unconditionally is owed on the Account, regardless of who made purchas Agreement for all use of all the Cards issued on the Accoi Ry", including without limitation checking and reporting y equired.	es using the Cards, and the Principal agrees unt to the fullest extent permitted by law. This	to pay such amounts according to the t	erms of this Agreement. Prin	ncipal		
Print Name (Principal) Signature (Principal)				Date of Birth (MM	M/DD/YYYY)		
Principal Street Addre	ess	City	State Zip				
Social Security # (req	uired)	Home Phone Number	Cell Phone Number				
Section G: CA	RD SET UP INFORMATION - PLE	ASE TELL US HOW YOU WO	OULD LIKE YOUR CARDS	SET UP			
Choose Cards In-station cards only a	rvailable with BP Fuel Plus cards.	Number of In-Store Cards Station Number (Ask station manager. Number should be 7-digits.)					
2. Information on ea	ch card		Prompts NOT availab	le on Fuel Card			
Card Number	Card Descrip (to be embossed o	REQUIRED: Select Prompts (Enter 1 or 2 below) 1-Driver ID# 2-Driver ID# & Odometer - Ma Requirement (Odometer pronsee miles/gallon and track your	Purchasing: (Enter 1 or 2 below) 1-Fuel Only 2-Fuel & Maintenance (MC Only)				
1							
2							
3							
4							
5							
•	than 5 cards, add an additional sheet or o	call 1-800-348-7959.					
	Driver Name	Driver ID Number Do not start with "0" or use the same number such as 1111, 2222. Must be 4 digits.					
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