# BP Business Solutions Application

**NFDA - 870**

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 process this application for the BP Business Solutions MasterCard® Card.**

**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 ownership[1]

$ / Month

Estimated Monthly Fuel Usage (Dollars)

Number of Full Time Employees[1]

Business Structure/Type[1]

| | | | | | |
|---|---|---|---|---|---|
| Corporation | | Proprietorship | | Non Profit | |
| Government | | Partnership | | | |
| LLP | | LLC | | | |

[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

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## 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 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 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 acceptance of those terms and conditions including, without limitation, Customer's unconditional obligation to pay for all use of BP Business Solutions' 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 BP Business Solutions 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 and Title (Authorized Representative) | Signature (Authorized Representative) | Date (MM/DD/YYYY)

## Section F: BUSINESS OWNER/ACCOUNT PRINCIPAL - REQUIRED

Required for all Sole Proprietorships and Partnerships or any other business/organizations less than 2 years old or having fewer than 5 employees.

Each principal ("Principal") for this Account, if any is personally and unconditionally, jointly and severally liable with Applicant, as principal and not as surety or guarantor, for the payment and performance when due of all obligations owed on the Account, regardless of who made purchases using the Cards, and the Principal agrees to pay such amounts according to the terms of this Agreement. Principal is responsible under this Agreement for all use of all the Cards issued on the Account to the fullest extent permitted by law. This constitutes Principal's agreement, individually, regarding the provisions under "AUTHORIZED SIGNATORY", including without limitation checking and reporting your credit and confirming your identity.

**All fields below required.**

Print Name (Principal) | Signature (Principal) | Date of Birth (MM/DD/YYYY)

Principal Street Address | City | State | Zip

Social Security # (**required**) | Home Phone Number | Cell Phone Number

## Section G: CARD SET UP INFORMATION - PLEASE TELL US HOW YOU WOULD LIKE YOUR CARDS SET UP

**1. Choose Cards**

Number of Cards

Number of In-Store Cards

Station Number
(Ask station manager. Number should be 7-digits.)

**2. Information on each card**

**Prompts NOT available on Fuel Card**

| Card Number | Card Description (to be embossed on the card) | REQUIRED: Select Prompts (Enter 1 or 2 below) 1-Driver ID# 2-Driver ID# & Odometer - MasterCard Requirement (Odometer prompting will allow you to see miles/gallon and track your vehicle performance) | Purchasing: (Enter 1 or 2 below) 1-Fuel Only 2-Fuel & Maintenance (MC Only) |
|---|---|---|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

**If you want more than 5 cards, add an additional sheet or call 1-800-348-7959.**

**3. Please fill out this section about your drivers.**

| 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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