



Please Circle: **Additional Location** **Upgrade Form** **Merchant ID#** _____

BUSINESS NAME(S) AND PROFILE

STORE NAME:		CORPORATE NAME:	
LOCATION ADDRESS:		BILLING ADDRESS:	
CITY,ST ZIP:		CITY,ST ZIP:	
LOCATION TELEPHONE:	FEDERAL TAX ID #:	CORPORATION TELEPHONE:	FAX NUMBER:
CONTACT NAME:	SIC CODE:	YEARS IN BUSINESS:	AVG MONTHLY VOL- V/MC/D
OWNERSHIP: _____ INDIVIDUAL / SOLE PROPRIETOR _____ CORPORATION _____ GOVERNEMENT		_____ LIMITED LIABILITY _____ PARTNERSHIP _____ TAX EXEMPT	
LOCATION: _____ RETAIL STORE FRONT _____ OFFICE BUILDING _____ OTHER: _____			
DESCRIPTION OF PRODUCT(S) SOLD OR SERVICES PROVIDED:			

DEPOSITORY CHECKING ACCOUNT INFORMATION

(ATTACH A VOIDED CHECK WITH THIS APPLICATION)

NAME IN WHICH ACCOUNT IS LISTED:	NAME OF BANK:
ABA ROUTING NUMBER (9 DIGITS):	ACCOUNT NUMBER:

MANAGEMENT PROFILE

NAME:	TITLE:	NAME:	TITLE:
SS #:	YRS W/ CO:	% OWNERSHIP:	SS #:
HOME ADDRESS:		HOME ADDRESS:	
CITY, ST ZIP:	HOME PHONE:	CITY, ST ZIP:	HOME PHONE:

SCHEDULE OF FEES

Rate Table _____ <input type="checkbox"/> Pass - Thru	Fleet Cards	Annual Fee \$75.00
V/MC/Disc Disc _____ V/MC Trans Fee _____	Voyager 3.40% + \$0.09	Charge Back Fee \$20.00
Disc Trans Fee _____ Amex Trans Fee _____	Wright Express 3.50% + \$0.15	Early Cancellation Fee \$300.00
CAT Disc _____ CAT Trans Fee _____	FleetOne/PROFleet 2.70% + \$0.10	Monthly Account Fee
Manual/MID Qualified: Add _____% + \$ _____ Transaction Fee	Fuelman Price of Fuel + \$0.10	\$ _____/month
Standard/Non-Qualified: Add _____% + \$ _____ Transaction Fee	Telecheck _____	Statement Fee
Debit Transaction Fee* _____ * Plus applicable debit network fee listed below	Gift Card:	\$ _____/month
EBT Transaction Fee _____	Setup Fee _____	ACH Fee \$ _____/batch
Decline Fee _____ Pre-Auth Fee _____	Monthly Fee _____	Vital Fee \$ _____/
Minimum Fee: For each month that transaction fees do not exceed \$15, there will be a \$25 monthly minimum.	Transaction Fee _____	Retrieval Fee \$7.50
	Comstar:	Voice Auth \$0.50 Trans Fee
	License Fee _____	Voice Response Unit \$0.75
	Gateway Activation Fee _____	Term: This agreement shall continue in effect until termination by either party upon reasonable notice.
	Gateway Monthly Fee _____	
	Transaction Fee _____	

*In addition to the above debit authorization fee, there will be pin based debit network charges for, including without limitation, switch, interchange, sponsorship, adjustment fees and all other fees related to use of the debit networks. Current pin based network fees are available by calling PCS Customer Service at 866-427-7297. Plus any addition fees assessed to Bank and CTS Holdings, LLC. by 3rd party providers on any service listed above.

EQUIPMENT PROFILE

QUANTITY	EQUIPMENT TYPE	DOES MERCHANT OWN?

Merchant warrants that all information provided to Petroleum Card Services whether in the Application or otherwise is true and correct, and Merchant will notify Petroleum Card Services at such time as any material change occurs. If signing on behalf of a corporation or other entity, the undersigned represents that he/she has obtained all necessary authorization and is legally empowered to sign on behalf of such entity.

MERCHANT SIGNATURE _____ **TITLE** _____ **DATE** _____
Registered ISO/MSP for Wells Fargo, N.A. Revised 04/15/2010