



Fleet Purchasing Card

ACCEPTANCE APPLICATION
FUELMAN & FUELMAN
MASTERCARD

PLEASE FAX TO: 678-969-7656

5/07 VT

Contact/Company Information

Form with fields: Company, Merchant ID, Address, City, State, Zip, Person to Contact, Title, Phone, Email

Site Information (Required for each accepting location)

Form with fields: Name, Fuel Brand, Site ID, Site Type, # of Dispensers, Address, City, State, Zip, Person to Contact, Title, Phone, County, Miles to Nearest Hwy, Hwy #, Hwy Exit #

Fuels Offered (please check all that apply)

Form with checkboxes for: Unleaded, Mid-Grade, Premium, Diesel, Dyed Diesel, E-85, Methanol, CNG (Natural Gas), Kerosene, Separate Diesel Island

Services Provided (please check all that apply)

Form with checkboxes for: 18-Wheeler Access, Open 24-Hours, C-Store, Truck Wash, Maintenance

Point-of-Sale (POS)/Fuel Cost Information

Form with fields: Credit Card Processor, POS Platform, Terminal Rack Location, Fleet Requesting Setup, Gas Freight, Diesel Freight, Tax ID #

Settlement/Payment Information

Form with fields: Settlement Rate, Payment Frequency, Preferred Settlement Report Delivery Method, Preferred Settlement Payment Method, Sales Materials

I understand that by submitting this application I am requesting that FleetCor establish a merchant account for my site(s) as described, that the information presented is accurate to the best of my knowledge, and that I will abide by the terms as outlined above and described in more detail in the Agreement that will accompany my installation kit. I also understand that FleetCor or I may cancel this agreement at any time with 30 days prior written notice.

NAME SIGNATURE DATE