



**Change in Payment Terms Request Form
Fuel Merchant**

Merchant Name: _____

Mailing Address: _____
Street/PO Box

City	State	Zip Code
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Physical Site Address: _____
Street

City	State	Zip Code
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WEX Site ID Number: _____

Current Payment Terms: 3.5%/30 Days

Change Payment Terms to the following:

_____ **3.77%/ 15 days**

_____ **3.99%/ 3 days**

Printed Name of Owner/Authorized Agent

Date

Signature of Owner/Authorized Agent

Return completed form to Wright Express Corp, Attn: Merchant Services Dept.
FAX 207-253-1379

By signing this Request Form, the above signator hereby represents and warrants that they have the full power and authority to request the change in payment terms.