



# MAVERIK FLEET APPLICATION

**Maverik Private Label Card:** Accepted at all Maverik stations.

**Maverik Universal Card:** Accepted at all Maverik stations, plus 90% of U.S. retail fuel locations nationwide.

## Tell us about your business

Legal Name of Business \_\_\_\_\_

Business Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tax Payer Identification # \_\_\_\_\_ Company Phone # \_\_\_\_\_ Company Fax # \_\_\_\_\_

Legal Structure(Corp, Partnership, LLC, Proprietorship, Gov, PC or PA) \_\_\_\_\_ # of vehicles \_\_\_\_\_

\$ \_\_\_\_\_

Years in Business \_\_\_\_\_ Average Monthly Fuel Exp. \_\_\_\_\_

## Billing Contact Information

Billing Contact First Name \_\_\_\_\_ Billing Contact Last Name \_\_\_\_\_

Billing Contact Phone # \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Authorization

By signing below, I represent and warrant that I am authorized to bind the Company to the terms & conditions of this offer and the Business Card Agreement, which is available upon request. I further acknowledge that I have read and agree to the Summary of Key Terms enclosed.

**X**

Authorized Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Email \_\_\_\_\_

## Title of Applicant:

President  Vice President  Treasurer  Owner  Partner

## Tell us about yourself

Required if this account is for a business incorporated less than three years, a proprietorship, a professional corporation, or a limited liability company.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Residential Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

I understand and acknowledge that by signing below, both the Company and I will be jointly and severally liable for all amounts owing on this account.

**X**

Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Card Issuer is WEX Bank, member FDIC.

Please return to one of the following:

Email: [Fleet@maverik.com](mailto:Fleet@maverik.com)

Fax: 801-936-9502

FOR OFFICE USE ONLY:

| Sales Code | Plastic | Coupon Code |
|------------|---------|-------------|
|            | MVK4    |             |
|            | MVK5    |             |

## SUMMARY OF KEY TERMS

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**Credit Disclosure:** By submitting this application, Company requests a business charge account and if approved for credit, one or more business charge cards for use by Company and its employees. The Card Issuer is WEX BANK. Company agrees to the terms and conditions set forth in the Business Charge Account Agreement provided with this application and/or provided with the card(s). Use of any card issued pursuant to this application confirms Company agreement to said terms and conditions. In the event that this application is denied based upon information contained in a consumer credit report used to evaluate credit, Issuer is authorized to report the reason for the denial to the Company. Direct inquiries of businesses where the undersigned maintains accounts may also be made. If requested, Company agrees to provide company financial statements, including at minimum, a Balance Sheet and Income Statement for the last two years upon request.

**Joint and Several Liability:** If required, and if Bank issues card(s) to Company, both the Company and I am jointly and severally liable with the Company for all charges to the account established pursuant to this application. This is a guaranty of payment and not merely of collection. You agree to pay upon demand any amount owed by Company due under the Business Charge Account Agreement.

I understand that I am applying for commercial credit on behalf of the business. I authorize Issuer to obtain credit bureau reports, both personal (if required) and in the name of the Company, that may be used when considering this application for credit and any other information about me in connection with: 1) extensions of credit on this account; 2) the administration, review or collection of this account. I agree that I may be contacted at any of the numbers that I have provided. In the event that the account is not paid as agreed, Issuer may report my liability (both personally and for the Company) to credit bureaus or others that may lawfully receive such information.

**Federal Compliance:** Issuer complies with Federal Law which requires all financial institutions to obtain, verify and record information that identifies each company or person who opens an account. What this means for you: when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents for your business.

