



**FUEL ACCEPTANCE APPLICATION
FUELMAN AND
FUELMAN MASTERCARD**

PLEASE FAX TO: 858-866-4260

12/06%R

Contact/Company Information

Company		Merchant ID:
Address:		
City:	State:	Zip:
Person to Contact:		Title:
Phone:	Email:	

Site Information (Required for each accepting location)

Name:	Fuel Brand:	Site ID:
Site Type: <input type="checkbox"/> Attended <input type="checkbox"/> Unattended	# of Dispensers:	
Address:		
City:	State:	Zip:
Person to Contact:		Title:
Phone:	County:	
Miles to Nearest Hwy:	Hwy#:	HwyExit#:

Fuels Offered (please check all that apply)

<input type="checkbox"/> Unleaded	<input type="checkbox"/> Mid-Grade	<input type="checkbox"/> Premium	<input type="checkbox"/> Diesel	<input type="checkbox"/> Dyed Diesel
<input type="checkbox"/> E-85	<input type="checkbox"/> Methanol	<input type="checkbox"/> CNG (Natural Gas)	<input type="checkbox"/> Kerosene	<input type="checkbox"/> Separate Diesel Island

Services Provided (please check all that apply)

<input type="checkbox"/> 18-Wheeler Access	<input type="checkbox"/> Open 24-Hours	<input type="checkbox"/> C-Store	<input type="checkbox"/> Truck Wash	<input type="checkbox"/> Maintenance
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Point-of-Sale(POS)/Fuel Cost Information

Credit Card Processor:	POS Platform:
Terminal Rack Location:	Pay at Pump Terminal ID #
Gas Freight:	Diesel Freight: Tax ID#:

Settlement/Payment Information

Settlement Rate: 97 % of Posted Retail Price	Payment Frequency: Weekly Net 7
Preferred Settlement Report Delivery Method: <input type="checkbox"/> Mail (\$4.95 per statement)	
<input type="checkbox"/> Fax #: (\$2.95 fee) <input type="checkbox"/> Email Address (no charge)	
Preferred Settlement Payment Method: <input type="checkbox"/> Check via Mail (\$4.95 processing fee)	
<input type="checkbox"/> Electronic Payment via ACH (no charge, please fill out attached ACH form)	
Sales Materials: Fuelman Marketing Sign Package: Package includes Outdoor POS Metal Sign, Fuelamn Window Decal, Pump Stickers, and Quick Reference Voice Authorization Guide. Fee of \$39.95 will be deducted from first reimbursement report.	

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



AUTOMATED PAYMENT DEPOSIT AUTHORIZATION

I hereby authorize FleetCor Technologies to initiate credits or debits (and/or corrections to the previous credits or debits) to the institution indicated below. The institution is authorized to credit/debit and/or correct the amounts to my account. The authority is to remain in full force and effect until I revoke it in writing in such time (10 days) and such manner as to afford the institution a reasonable opportunity to act on it.

PLEASE PLACE A VOIDED CHECK HERE

Financial Institution (Bank, Savings & Loan, Credit Union):
Address:
City: State: Zip:

Type of Account – Circle One
1) Checking 2) Savings
3) Other _____

Financial Institution Housing Number

Financial Institution Account Number

Company Name:

Social Security Number or Tax I.D. Number:

Street Address:

Authorized By:
Name:
Signature:
Title:
Date:

City, State & Zip Code:

Please email my settlement reports to this email address:

For Internal Use Only:

Submitted By _____
Merchant Fleet _____ Merchant ID _____