



Sinclair Fleet Card Application

Sinclair Fleet Track: Card and Setup Fees Waived

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 Address

Title of Applicant:

President Vice President Treasurer Owner Partner

Tell us about yourself

Required if this account is for a business incorporated less than one year, 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.

SUMMARY OF KEY TERMS

Instruction: Complete and sign application, email to fleettrackapps@sinclairoil.com or fax to 801-524-2734.

Sinclair Fleet Track Card.APP(6/19)

Sales Rep Name
Title
Email Address
Call

Opportunity #

FOR OFFICE ONLY:

Sales Code	Plastic	Coupon Code	Acct. #
			0464
Distr. Name	Berry Oil		

1) The undersigned applicant/buyer ("Applicant") represents that the information given in this application is complete and accurate and authorizes Card Issuer to check with credit reporting agencies, credit references and other sources disclosed to confirm information given; 2) Applicant requests a business charge account, if approved for credit, and one or more business charge cards from the card issuer, which is Wright Express Financial Services Corporation ("Card Issuer"); 3) Applicant agrees to the terms and conditions set forth in the Business Charge Account Agreement provided with this application and/or provided with the business charge card(s). Use of any card issued pursuant to this application confirms Applicant's agreement to said terms and conditions; 4) If this Account is for a partnership or a proprietorship, a partner or principal must sign this application and the undersigned's personal credit will be used in making a credit decision and they hereby authorize Card Issuer to obtain a consumer report. In the event that this application is denied based upon information contained in a consumer credit report of the undersigned, they authorize the Card Issuer to report the reason for the denial to the Applicant. Direct inquiries of businesses where the undersigned maintains accounts may also be made; 5) Applicant agrees that in the event the account is not paid as agreed, Card Issuer may report the undersigned's liability for and the status of the account to credit bureaus and others who may lawfully receive such information. If you have any questions regarding this application, please call 1-800-621-4519.

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 Severe**

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 may 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.

Certification of Beneficial Ownership

I. GENERAL INSTRUCTIONS

What is this form?

Federal regulations now require **all banks** to verify the ownership of certain business types when they open a new account.

You will be asked to identify any beneficial owners of this business, plus one person with significant managing control. The required information includes Name, Address, Date of Birth, and Social Security Number (or Passport Number, in the case of foreign persons). The Bank may also ask to see a copy of a driver's license or other identifying document for each person listed on this form.

To learn more about this requirement: Visit wexinc.com/beneficial-ownership

To submit this information: Fax the completed form to 800-374-4568, or mail it to WEX Inc., P.O. Box 639, Portland, ME 04104-9814.

II. ACCOUNT OPEN INFORMATION

The person opening an account on behalf of this business must provide the following information:

Name of Person Opening Account

Title

Business Name

Physical Address of Business (No P.O. Boxes)

Legal Structure

If your legal structure is exempt (see list on right), check "Exempt" below and skip Sections III, IV and V.

Exempt

III. BENEFICIAL OWNERS

Identify **up to four** beneficial owners of this business, or individuals (if any) who own 25 percent or more of the equity interests. **If no individuals meet this definition, check "Beneficial Owner Not Applicable" below and skip this section.**

Beneficial Owner Not Applicable

All fields are required for each beneficial owner, except as noted below:

- **For persons with a Social Security Number (SSN):** Provide the SSN and leave Passport/Other Government ID # and Issuing Country blank.
- **For foreign persons without a SSN:** Leave SSN blank and provide a Passport Number (or Other Government ID #) and the Issuing Country.

Which businesses have to provide this information?

Required

The following legal entities must provide the requested information:

- Corporations
- Limited Liability Companies
- Partnerships
- Any other similar business entities formed in the United States or a foreign country.

Exempt

The following legal entities are exempt from this requirement:

- Non-Statutory Trust
- Bank/Bank Holding Co/Credit Union
- Federal/State/Local Government Agency or Authority
- Public Company and Majority Owned Affiliate
- Investment Company/Adviser
- Public Accounting Firm
- Insurance Company
- Non-Profits (Must identify a person with control. See Section IV)

NOTE: The following do not meet the definition of legal entity, and are not required to submit this form:

- Natural Person
- Sole Proprietorship
- Unincorporated Association

The info provided on this form is for validation or consumer verification only. It will not affect personal credit or imply liability.

Beneficial Owner 1

First Name

Residential Address (no P.O. Boxes)

Last Name

Address Line 2 (optional)

Date of Birth (mm/dd/yyyy)

City

Social Security #

State/Province

Passport/Other Government ID #

Country of Residence

Issuing Country

Postal Code

Beneficial Owner 2

First Name

Residential Address (no P.O. Boxes)

Last Name

Address Line 2 (optional)

Date of Birth (mm/dd/yyyy)

City

Social Security #

State/Province

Passport/Other Government ID #

Country of Residence

Issuing Country

Postal Code

Beneficial Owner 3

First Name

Residential Address (no P.O. Boxes)

Last Name

Address Line 2 (optional)

Date of Birth (mm/dd/yyyy)

City

Social Security #

State/Province

Passport/Other Government ID #

Country of Residence

Issuing Country

Postal Code

Beneficial Owner 4

_____ First Name	_____ Residential Address (no P.O. Boxes)
_____ Last Name	_____ Address Line 2 (optional)
_____ Date of Birth (mm/dd/yyyy)	_____ City
_____ Social Security #	_____ State/Province
_____ Passport/Other Government ID #	_____ Country of Residence
_____ Issuing Country	_____ Postal Code

IV. PERSON WITH CONTROL

Identify one individual with significant responsibility for managing this business — for example, an executive officer, senior manager, or any other person who regularly performs similar functions. If appropriate, an individual listed as beneficial owner above must also be listed in this section. **If no beneficial owners are listed above, this information is still required.**

_____ First Name	_____ Residential Address (no P.O. Boxes)
_____ Last Name	_____ Address Line 2 (optional)
_____ Title	_____ City
_____ Date of Birth (mm/dd/yyyy)	_____ State/Province
_____ Social Security #	_____ Country of Residence
_____ Passport/Other Government ID #	_____ Postal Code
_____ Issuing Country	

V. CERTIFIED/AGREED TO

I, _____, hereby certify, to the best of my knowledge,
Print Name
that the information provided above is complete and correct.

_____ Signature	_____ Date
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