

CITGO Fleet COMMERCIAL CREDIT CARD APPLICATION

P.O. Box 923928, Norcross, GA 30010-3928 FAX: 866/512-3076

Please retain original application if transmitted to CITGO by FAX.

Complete application in full.



BILLING TYPE: Standard - No Fee Enhanced - \$0 - \$5 per month (See schedule below)

INTERNAL USE ONLY

APP NO. _____

AC NO. _____

BILLING GROUP _____

PROMO 1 _____ PROMO 2 _____

SIC _____ EMP _____

REP _____ MKT _____

Please contact me about access to the CITGO Fleet Online website.

Yes (E-mail address required below)

Receive Electronic Statements

APPLICATION

CREDIT CARD APPLICATION (Please Type or Print Clearly)

BUSINESS NAME

PREFERRED BUSINESS NAME, TRADING NAME OR DBA NAME TO APPEAR ON CREDIT CARD

STREET ADDRESS (PLEASE PROVIDE FULL STREET ADDRESS INCLUDING ZIP IF DIFFERENT THAN MAILING ADDRESS)

MAILING ADDRESS

CITY/TOWN STATE

STATE

ZIP CODE

BUSINESS AREA CODE & PHONE NO.

ALTERNATE PHONE IF FIRST IS A RECORDER OR ANSWERING SERVICE

FAX NO.

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YEARS IN BUSINESS UNDER PRESENT OWNERSHIP

COMPANY ANNUAL SALES VOLUME \$

NO. OF EMPLOYEES EXCLUDING OWNER

TYPE OF BUSINESS: SOLE PROPRIETORSHIP PARTNERSHIP PRIVATE CORP. LIMITED LIABILITY PARTNERSHIP LIMITED LIABILITY COMPANY PUBLIC CORP.

TAX EXEMPT *REQUIRES EXEMPTION CERTIFICATE

DATE OF INC. FED. I.D. NO.

NATURE OF BUSINESS SERVICES

COMPANY WEB SITE ADDRESS

SPECIFY IF ABOVE COMPANY IS: FRANCHISE

DIVISION BRANCH SUBSIDIARY

LIST NAME AND LOCATION OF HEADQUARTERS AND/OR PARENT FIRM

PRIMARY CONTACT'S NAME

POSITION/TITLE

AREA CODE & TELEPHONE

E-MAIL ADDRESS (Required for website access)

()

SECONDARY CONTACT'S NAME

POSITION/TITLE

AREA CODE & TELEPHONE

E-MAIL ADDRESS

()

NAME AND RESIDENCE ADDRESS OF OWNER, PARTNERS OR OFFICERS (Also Include Personal CITGO Account, if any)

NAME

1

2

3

RESIDENCE ADDRESS

CITY/STATE

SOCIAL SECURITY NO.

CITGO CARDS (IF YOU HAVE/HAD PLEASE LIST ACCOUNT NUMBERS)

REFERENCE

BANK REFERENCE

NAME OF BANK

ADDRESS

CHECKING ACCOUNT NUMBER

NAME OF BANK OFFICER FAMILIAR WITH BUSINESS

AREA CODE & TELEPHONE

FAX NO.

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BUSINESS CREDIT REFERENCES

NAME STREET ADDRESS CITY STATE ZIP CODE AREA CODE & TELEPHONE ACCOUNT NUMBER

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NAME STREET ADDRESS CITY STATE ZIP CODE AREA CODE & TELEPHONE ACCOUNT NUMBER

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FUEL SUPPLIER NOW SELLING TO YOU ON CREDIT

NAME

ACCOUNT NUMBER

AREA CODE & TELEPHONE

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MAXIMUM AMOUNT OF MONTHLY CREDIT REQUESTED FOR THIS ACCOUNT

MUST BE COMPLETED TO PROCESS APPLICATION \$ /MO.

NO. OF CARDS REQUESTED

ENHANCED FLEET SERVICE CHARGES

up to \$10,000 = \$5
\$10,001 and over = \$0

FEE WILL BE BASED ON ACTUAL MONTHLY BILLING VOLUMES

IF CREDIT CARD IS TO BE RETAINED BY CITGO STATION (STATION CONTROL CARD) PLEASE COMPLETE BELOW.

*NOTE: Some CITGO retailers do not participate in the station control card program.

NAME AND COMPLETE MAILING ADDRESS OF CITGO STATION WHERE CREDIT CARD WILL BE RETAINED.

CITGO STATION LOCATION NUMBER (FROM IMPRINTER SLUG)

I CERTIFY THAT I AM AUTHORIZED TO SUBMIT THIS APPLICATION FOR CREDIT ON BEHALF OF THIS COMPANY

SIGNATURE

DATE

NAME (PLEASE PRINT OR TYPE)

TITLE

In accepting the card(s) by signing, use or permitting use by others, the abovesigned agrees to Terms and Conditions as contained on and in the folder in which abovesigned receives the card(s), and accordingly, to pay CITGO Petroleum Corporation for purchases made and credit extended with the use of the card(s). It is understood such Terms and Conditions provide, among other things, that late fees not in excess of those permitted by law will be charged.

The abovesigned authorizes CITGO Petroleum Corporation to obtain a credit report on applicant, contact references and provide a copy of this application to those references as deemed necessary by CITGO. Owner(s) of Privately held Corporations and Limited Liability Companies authorize CITGO to investigate the Credit record of owner(s) in determination of a credit decision.

CITGO Fleet PROGRAM



The **CITGO Standard Fleet Program** allows for the easy tracking of fuel purchases. Driver IDs can be assigned to the account if desired to identify the individual making the purchase. Product restrictions can also be applied to individual cards and product purchases, i.e., C-store merchandise.

For billing questions call: (800)561-4991

CUSTOMER DETAIL STATEMENT

ACCOUNT NUMBER: 131123456
 CITGO Fleet#: 131123456
 STATEMENT DATE: 05/09/2005
 REFERENCE #: 500842

JL FLEET CO
 1 MAIN STREET
 ANYTOWN, OH 12345-1234

PERIOD START: 04/09/2005 PERIOD END: 05/08/2005

PRODUCT	QUANTITY	GROSS AMOUNT	TOTAL
Unleaded	36.110	\$75.01	\$75.01
Total	36.110	\$75.01	\$75.01

Transaction Detail for -- JL FLEET CO; 04/09/2005 -- 05/08/2005

DATE	TIME	REFERENCE /INVOICE	SITE	DRIVER ID/ CUST REF #	PRODUCT	QTY	PPG	NET AMOUNT	EXCP CODE
1311234560001									
4/12	08:55	800082006	40819503		Unleaded	11.915	2.099	\$25.01	
4/20	06:02	800026008	40819503		Unleaded	14.432	2.079	\$30.00	
5/5	06:05	800009006	40819503		Unleaded	9.763	2.049	\$20.00	
TOTAL						36.110		\$75.01	

SITE #	SITE NAME	ADDRESS	CITY	STATE
40819503	FIESTA MART #3	2660 E 21 STREET	TULSA	OK

The CITGO Standard Program also has the ability to assign cards to a specific CITGO Retailer at your request. These cards reside at the retail site for your fleet use. All these benefits with no fees from CITGO.

PERFORMANCE MANAGEMENT REPORT

ACCOUNT NUMBER: 131123456
 REPORT DATE: 06/02/2005

JL FLEET CO
 1 MAIN STREET
 ANYTOWN, OH 12345-1234

PERIOD START: 05/16/2005 PERIOD END: 06/01/2005

PERIOD	Unleaded	Mid-Grade	Premium	Diesel	Other Fuel	Total/Avg.
Fuel Gallons	35,742.921	332.990	666.350	1,081.595	0.000	37,823.856
Miles Traveled *	387,526	4,133	6,124	7,332	0	405,115
Avg. Price/Gallon	2.120	2.202	2.325	2.360	0.000	2.131
Avg. Cost/Mile	19.555	17.744	25.000	32.400	0.000	19.555
Avg. Miles/Gallon	10.80	12.40	15.00	13.00	0.000	10.80
Fuel \$	75,781.12	733.34	1,546.00	2,538.00	0.00	84,598.46
Non-Fuel \$						
Fees						



The **CITGO Enhanced Fleet Program** provides the management tools necessary to track Driver and Vehicle purchases. The following reports are part of the CITGO Enhanced Fleet offering.

- Vehicle & Driver Management Reports*
- Vehicle & Driver Summary Reports*
- Summary Invoice & Statement
- Transaction Exception Report*
- Fleet Performance Summary

*Above reports can be grouped by cost center, region, dept., etc.

Product restrictions can be tied to specific products or product groupings as well as prompting for odometer and Driver ID to provide you with high levels of security.

For billing questions call: (800) 561-4991

VEHICLE MANAGEMENT REPORT

ACCOUNT NUMBER: 131123456
 REPORT DATE: 06/01/2005
 REFERENCE #: 502031

JL FLEET CO
 1 MAIN STREET
 ANYTOWN, OH 12345-1234

PERIOD START: 05/01/2005 PERIOD END: 05/31/2005

PRODUCT	QUANTITY	GROSS AMOUNT	TOTAL
Diesel*	57.419	\$124.55	\$124.55
Unleaded	4084.932	\$8,459.45	\$8,459.45
Unleaded Ful	35.016	\$74.38	\$74.38
Total	4177.367	\$8,658.38	\$8,658.38

*This diesel fuel does not contain visible evidence of dye.

EXCEPTION CODES:

3 Vehicle is restricted from purchasing this fuel type.
 6 Vehicle has exceeded its daily fuel limit.

Transaction Detail for -- JL FLEET CO; 05/01/2005 -- 05/31/2005

DATE	TIME	REFERENCE /INVOICE	SITE	DRIVER ID /CUST REF #	PRODUCT	QTY	PPG	NET AMOUNT	ODOMTR	MILES	MPG	CPM	EXCP CODE
1311234560218 0016 68 JRAC68 111,190 (Starting Odometer)													
05/24	07:40	600039017	37333560	JONES	Unleaded	28.126	2.059	\$57.91	111,190	0	0.0	0.00	
TOTALS						28.126		\$57.91					
1311234560218 0030 79 JRAC79 107,951 (Starting Odometer)													
05/02	19:40	600065054	34438093	JONES	Unleaded	26.399	2.159	\$57.00	108,292	341	12.9	16.72	
05/09	14:18	600046006	34438001	JONES	Unleaded	22.747	2.029	\$46.15	108,619	327	14.4	14.11	
05/13	14:25	500009085	72439540	JONES	Unleaded	23.789	1.999	\$47.55	108,932	313	13.2	15.19	
05/19	07:51	500027011	72439540	JONES	Unleaded	22.188	2.009	\$44.58	109,238	306	13.8	14.57	
05/26	07:31	500048004	72439540	JONES	Unleaded	18.591	2.019	\$37.54	109,480	242	13.0	15.51	
TOTALS						113.714		\$232.82				15.23	

These are examples of the features available through the CITGO Fleet Program. Call today for more information on how these programs can save you time and money. Monthly Fee \$0-\$5 based on actual monthly purchases.

1-800-561-4991



DRIVER REQUEST FORM

INSTRUCTIONS: Email to citgocs@fleetcor.com or fax to 866-222-9935. If you have any questions, contact Customer Service at 800-561-4991.

CALL FOR INTERNET ACCESS TO YOUR ACCOUNT (800) 561-4991

Account #: _____

Company Name: _____ Email Address: _____

Fleet Contact: _____

Contact's Phone: _____ Authorized Signature: _____ Date: _____

ACTION (Please Pick One)	DRIVER ID (4 digits only)	DRIVER NAME (Last, First is preferred for sorting)	DRIVER SHORT NAME (8 digits only - to appear on statement)
<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> LOCK <input type="checkbox"/> UNLOCK	_____	_____	_____
<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> LOCK <input type="checkbox"/> UNLOCK	_____	_____	_____
<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> LOCK <input type="checkbox"/> UNLOCK	_____	_____	_____
<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> LOCK <input type="checkbox"/> UNLOCK	_____	_____	_____
<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> LOCK <input type="checkbox"/> UNLOCK	_____	_____	_____
<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> LOCK <input type="checkbox"/> UNLOCK	_____	_____	_____
<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> LOCK <input type="checkbox"/> UNLOCK	_____	_____	_____
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<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> LOCK <input type="checkbox"/> UNLOCK	_____	_____	_____
<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> LOCK <input type="checkbox"/> UNLOCK	_____	_____	_____

Please send an updated card file listing with this request



CARD REQUEST FORM

INSTRUCTIONS: Email to citgocs@fleetcor.com or fax to 866-222-9935. If you have any questions, contact Customer Service at 800-561-4991.
CALL FOR INTERNET ACCESS TO YOUR ACCOUNT (800) 561-4991

Account #: _____
Company Name: _____ Email Address: _____
Fleet Contact: _____
Contact's Phone: _____ Authorized Signature: _____ Date: _____

ADD/NEW CANCEL REPLACE (Lost/Stolen)

Card Type: O - New Standard Card; V - New Vehicle Card; D - New Driver Card; I - New In Store Card (requires location number)

CARD TYPE _____ Current Card's Last 4 Digits: _____ Cost Center: _____

Card Description (19-digits): _____ FUEL TYPES ALLOWED

Auth Days of Week : Mon - Fri _____ Mon - Sat _____ All Days _____ Report Violations _____
 Diesel Unleaded Mid Grade Premium

Start Time (HHMM) _____ End Time (HHMM) _____ Deny Violations _____

Instore Card Location # _____

No Prompting _____ Driver ID _____ Odometer _____ Driver ID, Cust Ref # _____ Driver ID, Odometer _____ Driver ID, Odo, Cust Ref _____

Maximum # of Transactions Allowed per Day: _____ Maximum Fill-Up (Tank Size) Gallons Allowed: _____

WEEKLY REPORTING & DENIAL LIMITS
*Report: transaction will be reported if over this limit
Deny: transaction will be denied if over this limit*

	REPORT	DENY
TOTAL WEEKLY GALLONS		
TOTAL DAILY GALLONS		
WEEKLY AUTO SERVS (\$)		
WEEKLY AUTO MERCH (\$)		
WEEKLY MISC. MERCH (\$)		

ADD/NEW CANCEL REPLACE (Lost/Stolen)

Card Type: O - New Standard Card; V - New Vehicle Card; D - New Driver Card; I - New In Store Card (requires location number)

CARD TYPE _____ Current Card's Last 4 Digits: _____ Cost Center: _____

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Maximum # of Transactions Allowed per Day: _____ Maximum Fill-Up (Tank Size) Gallons Allowed: _____

WEEKLY REPORTING & DENIAL LIMITS
*Report: transaction will be reported if over this limit
Deny: transaction will be denied if over this limit*

	REPORT	DENY
TOTAL WEEKLY GALLONS		
TOTAL DAILY GALLONS		
WEEKLY AUTO SERVS (\$)		
WEEKLY AUTO MERCH (\$)		
WEEKLY MISC. MERCH (\$)		

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 Diesel Unleaded Mid Grade Premium

Start Time (HHMM) _____ End Time (HHMM) _____ Deny Violations _____

Instore Card Location # _____

No Prompting _____ Driver ID _____ Odometer _____ Driver ID, Cust Ref # _____ Driver ID, Odometer _____ Driver ID, Odo, Cust Ref _____

Maximum # of Transactions Allowed per Day: _____ Maximum Fill-Up (Tank Size) Gallons Allowed: _____

WEEKLY REPORTING & DENIAL LIMITS
*Report: transaction will be reported if over this limit
Deny: transaction will be denied if over this limit*

	REPORT	DENY
TOTAL WEEKLY GALLONS		
TOTAL DAILY GALLONS		
WEEKLY AUTO SERVS (\$)		
WEEKLY AUTO MERCH (\$)		
WEEKLY MISC. MERCH (\$)		

Please send an updated card file listing with this request